

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *George W. Andrews* Town *Norcross Mills* County *Callegany* **MARYLAND**

Died at *Norcross Mills*

Date of death *1909* Month *Jan* Day *3* Age *51* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Boston*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife *Mary J. Shap*  
~~Husband~~

Father's Name *Joseph Andrews* Father's Birthplace *England*

Mother's Maiden Name *Elizabeth* Mother's Birthplace *"*

Name of person giving Information *Wm Andrews* How related to deceased *Brother*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary *Carcinoma of Stomach* How long *Six months*

Immediate *Infection* How long *3 months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. D. Skilling, M.D.*  
Address *Frederick, Md.*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Effa Lewis Banard

Town

County

Died at

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1909

July

29

Age

2

7

—

Sex

Female

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
Name

Ward Banard

Father's  
Birthplace

Cumberland

Mother's  
Maiden Name

Martha McKenney

Mother's  
Birthplace

Loring

Name of person giving  
Information

Ward Banard

How related  
to deceased

Father

## CAUSES OF DEATH

92

Primary

Tubercular Pneumonia

How long

3 Weeks

Immediate

Exhaustion

How long

—

Are the name, age, sex, color, date  
and place correctly given above?

yes:

Signature of  
Physician

Thos. A. Law

Address

Kornumstead  
Md

Accident or Suicide

PHYSICIAN  
OR CORONER



Name  
in  
Full

Carrie May Barkman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town *Crumbo* County *Allegheny*  
 Died at *Crumbo*  
 Date of death 1909 *May* Month *28* Day *33* Age *33* Years *—* Months *—* Days *—*  
 Sex *Female* Color or Race *White* Birth-place *Crumbo*  
 Occupation *Wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Justin Barkman*  
 Father's Name *John Minnick* Father's Birthplace *Crumbo*  
 Mother's Maiden Name *Elizabeth Rice* Mother's Birthplace *Pa.*  
 Name of person giving Information *Justin Barkman* How related to deceased *Husband*

## CAUSES OF DEATH

92

PHYSICIAN  
OR CORONER

Primary *Lobular Pneumonia* How long *2 Weeks*  
 Immediate *Heart & Lung* How long

Are the name, age, sex, color, date and place correctly given above?

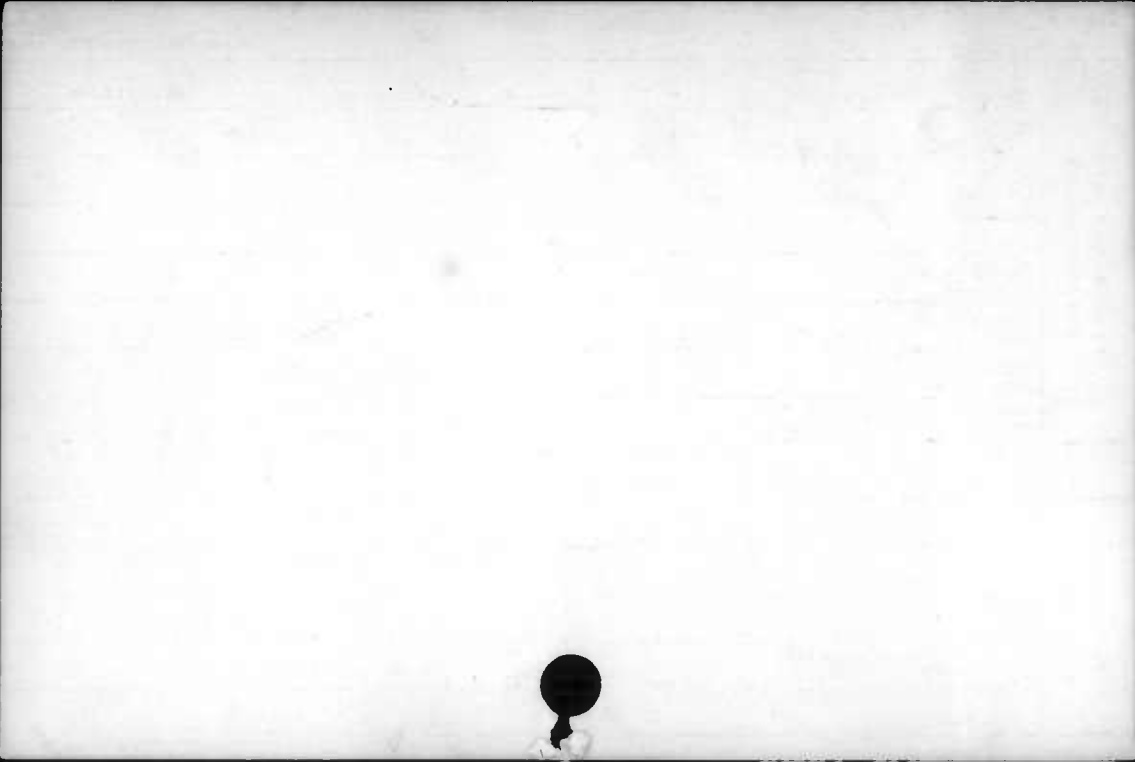
*Yes*

Signature of Physician

Address

*Thos. H. Lane*  
*H. Branchland*  
*Ind*

Accident or Suicide



Name  
in  
Full

George Bodunski Jr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Lord Town Allegheny County MARYLAND

Date of death 1909 Jan 31 Day 2 Age 19 Months 19 Days

Sex Male Color or Race White Birth-place Lord -

Occupation none Where Residing if not at place of death —

Married, Single or Widowed Single Name of Wife or Husband —

Father's Name George Bodunski Father's Birthplace Hungary

Mother's Maiden Name Berry Wasdel Mother's Birthplace Hungary

Name of person giving information George Bodunski How related to deceased Father

## CAUSES OF DEATH

144

PHYSICIAN  
OR CORONER

Primary Cervical Abscess How long 2 weeks

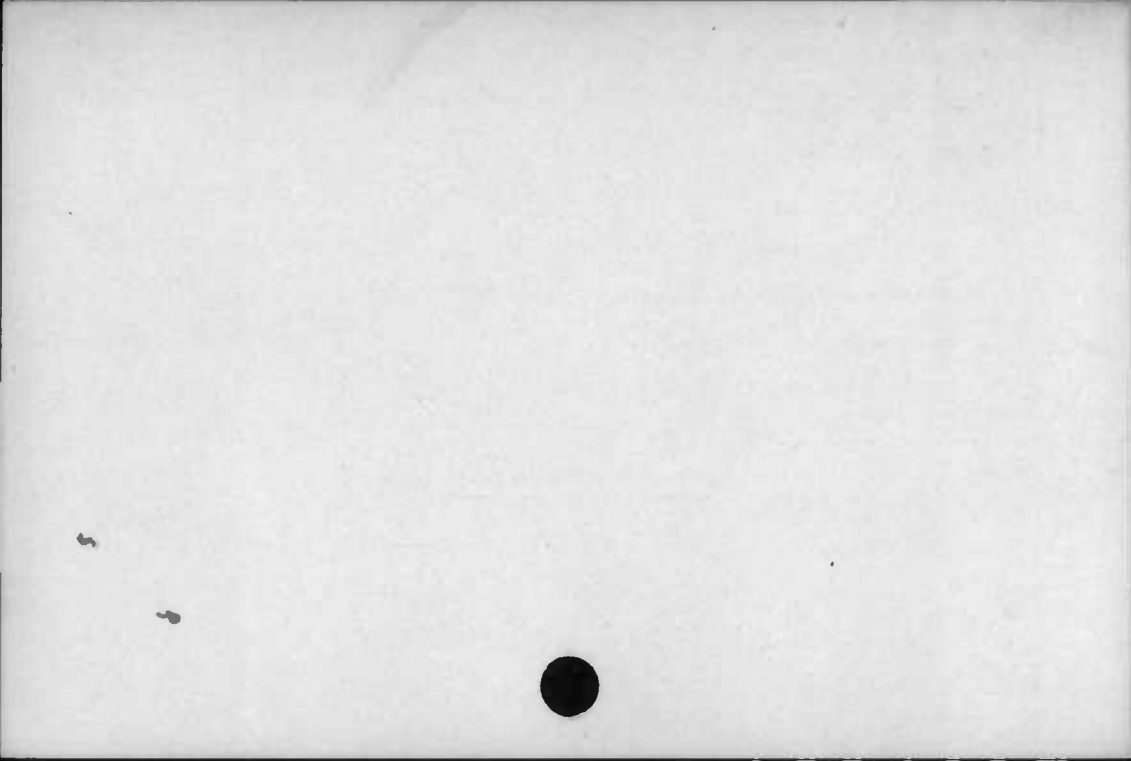
Immediate Exhaustion Septic Infection How long 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician James O. Bullock M.D.

Address Lomaxing Md -

Accident or Suicide? no





Name  
in  
Full

E. Thomas Branch

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near North Branch</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>57</i>	Years	Months	Days	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>W. Va</i>				
Occupation <i>Carpenter</i>			Where Residing if not at place of death <i>South Cumberland</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Emely</i>					
Father's Name <i>E. Branch</i>			Father's Birthplace <i>W. Va</i>				
Mother's Maiden Name <i>May Macgill</i>			Mother's Birthplace <i>W. Va.</i>				
Name of person giving Information <i>Wm Branch</i>			How related to deceased <i>Son.</i>				

## CAUSES OF DEATH

170

PHYSICIAN  
OR CORONER

Primary <i>Pound Dead</i>	How long <i>supposed Died Dec</i>
Immediate <i>Exhausted from Exposure</i>	How long <i>16 hrs</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>J. H. Mark</i>
<i>Screen</i>	Address <i>Cumberland Md</i>
Accident or Suicide <i>(Runway)</i>	

Romney

WVa

Name  
in  
Full

Urban Burkley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town County  
Died at near *Cambridge* *Allegheny*  
Date of death 1909 *July* 21 Age *8* Months *8* Days *—*  
Sex *male* Color or Race *White* Birthplace *near Cambridge*  
Occupation *none* Where Residing if not at place of death *—*

Married, Single or Widowed *single* Name of Wife or Husband *—*  
Father's Name *Jerome J Burkley* Father's Birthplace *near Cambridge*  
Mother's Maiden Name *Mary Miller* Mother's Birthplace *Cambridge*  
Name of person giving information *Jerome J Burkley* How related to deceased *Father*

## CAUSES OF DEATH

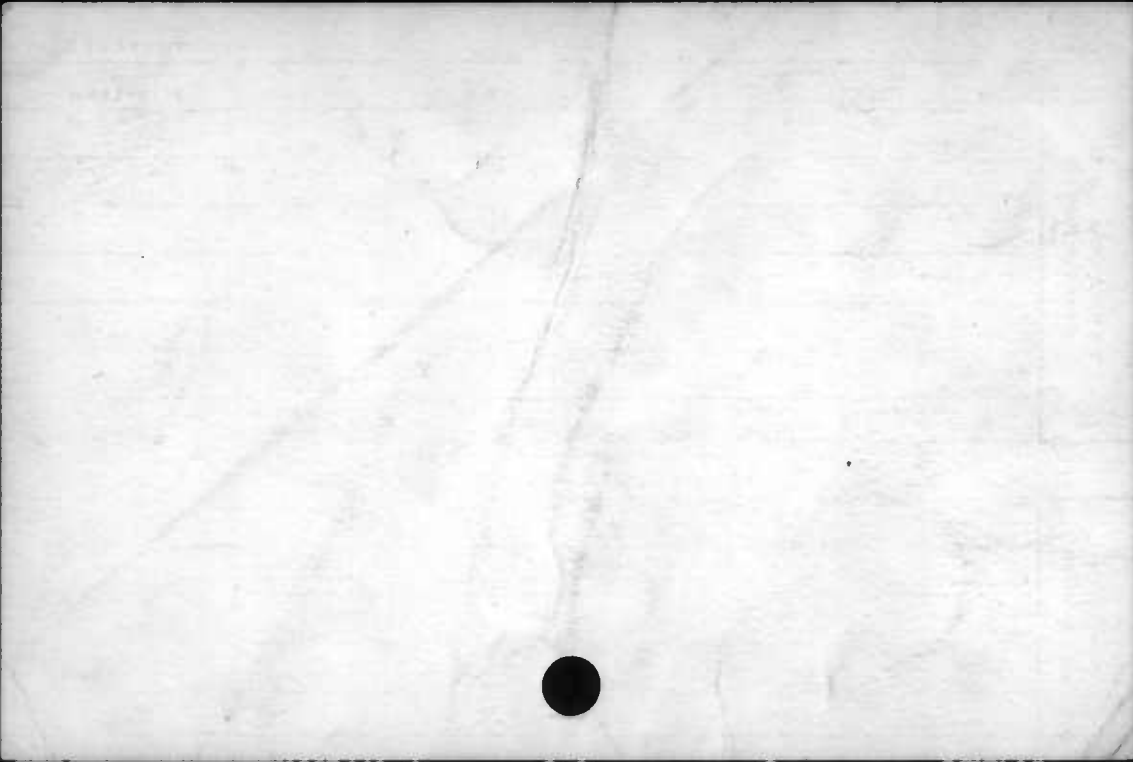
Primary *Gastritis* *104* *2 or 3 days*  
How long *2*  
Immediate *Intestinal Hemorrhage* *2 hours*  
How long *2*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Dr. Cunningham*  
Address *Orleansville, Md.*  
*Orleansville, Md.*

PHYSICIAN  
OR CORONER*Stein*

Accident or Suicide



Name  
in  
Full

Denton

Bucyr.

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at *Cumberland* Town*all-gary* County

MARYLAND

Date of death *1909* Month *1* Day *29*Age *67* Years Months DaysSex *Male* Color or Race *White*Birth-place *Town Bucyr*Occupation *Farmer*Where Residing if not at place of death *Cumberland*Married, Single or Widowed *Married*Name of Wife or Husband *Mary Bucyr*Father's Name *Charles Bucyr*Father's Birthplace *Pa.*Mother's Maiden Name *Thany Cooney*Mother's Birthplace *"*Name of person giving information *Mary Bucyr*How related to deceased *Wife*

## CAUSES OF DEATH

66

PHYSICIAN  
OR CORONER

Primary

*Paralysis 2nd time* How long *4 Mo.*

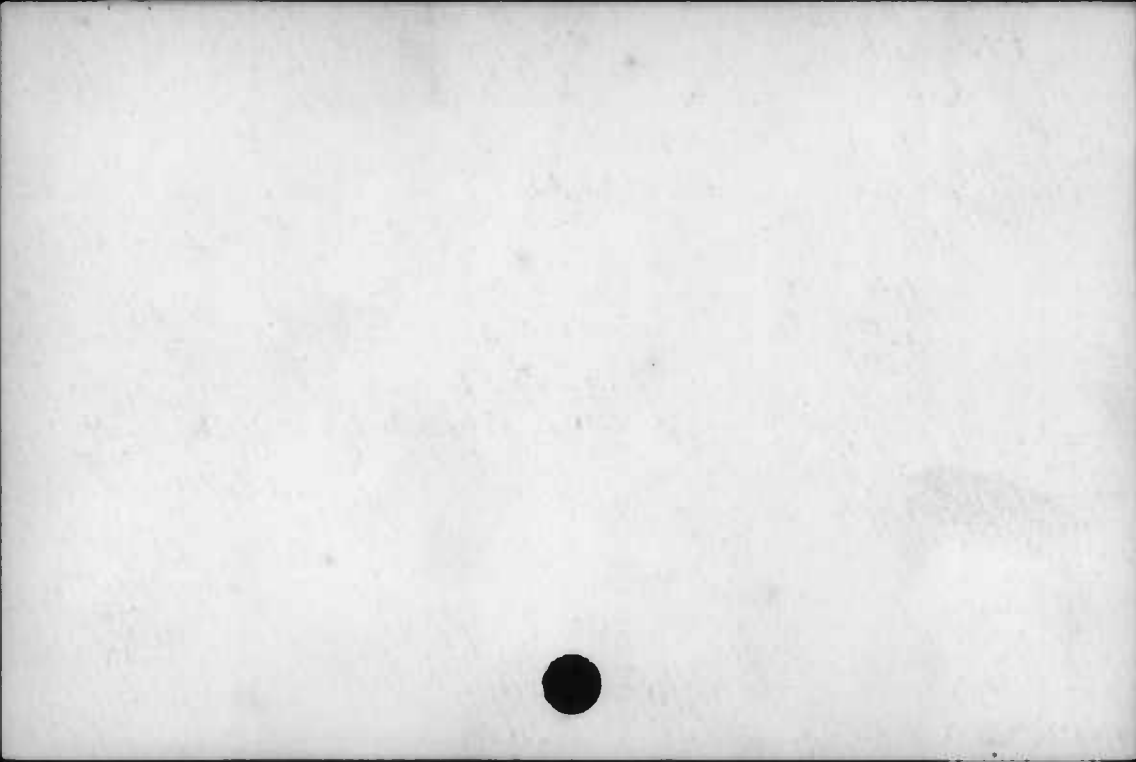
Immediate

*Exhaustion & Heart Failure 2 days* How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *F. L. 1 Darkwell*Address *Cumberland Md.*

Accident or Suicide?



Name  
in  
Full

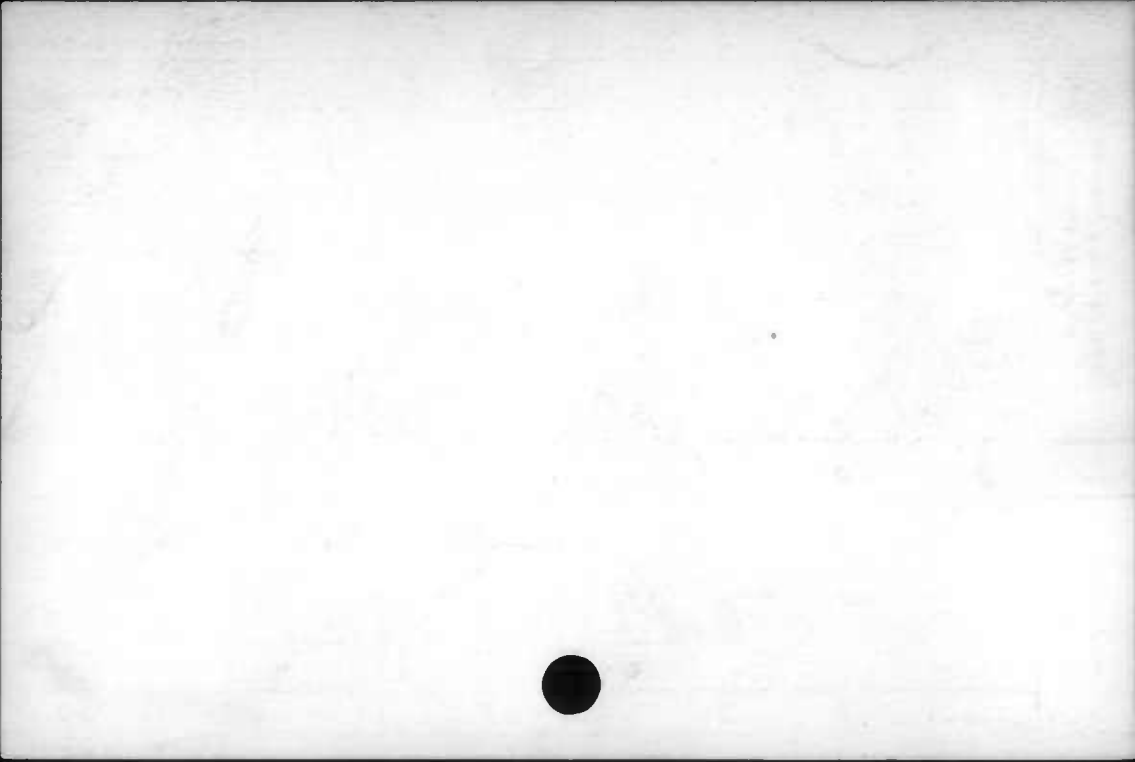
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Cumberland</i>		County <i>Alleghany</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>1</i>	Day <i>25</i>	Age <i>8</i>	Years <i>8</i>	Months <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birthplace <i>Cumberland</i>			
Occupation <i>-</i>		Where Residing if not at place of death <i>Cumberland</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>-</i>				
Father's Name <i>Charles Chanabas</i>	Father's Birthplace <i>Ypsco</i>				
Mother's Maiden Name <i>Helen Weston</i>	Mother's Birthplace <i>"</i>				
Name of person giving Information <i>Charles Chanabas</i>	How related to deceased <i>Father</i>				

PHYSICIAN  
OR CORONER

Primary <i>Lighting caught fire from natural gas stove</i>		How long <i>10 hr</i>
Immediate <i>Shock</i>		How long <i>10 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>A. P. Santlin</i>
Accident or Suicide <i>Accident</i>		Address <i>Cumberland Md</i>





Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Lilly May Connor*

Town *Lansdowne* County *Alligany* MARYLAND

Died at *Lansdowne*

Date of death 190 *9* Month *Jan* Day *15* Age *11* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Lansdowne*

Occupation *School girl* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *Charles W. Connor* Father's Birthplace *Eckhart Md*

Mother's Maiden Name *Margaret A. Baumgardner* Mother's Birthplace *Lansdowne*

Name of person giving Information *Charles W. Connor* How related to deceased *Father*

CAUSES OF DEATH

45

PHYSICIAN  
OR CORONER

Primary *Sarcoma of Pelvis* How long *One year*

Immediate *Excision* How long *Five months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. S. Skilling M.D.* Address *Lansdowne*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

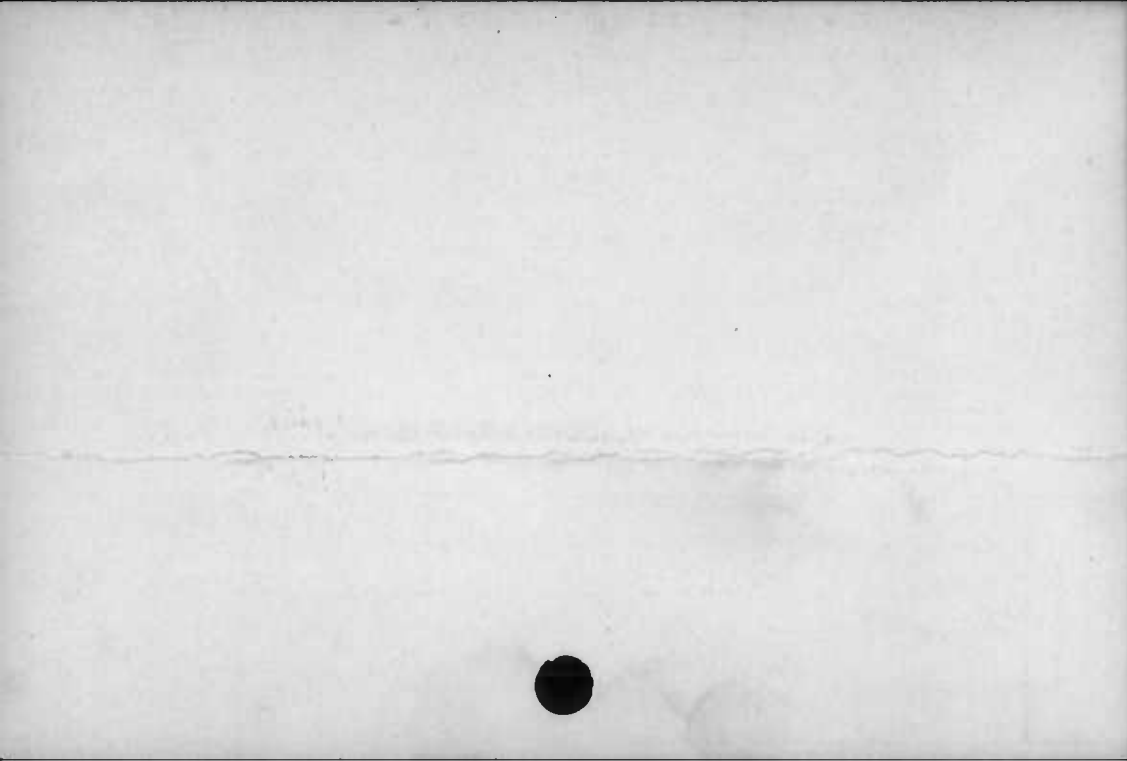
Name <i>John Cramer</i>		Town <i>Paradise</i>		County <i>allegany</i>		MARYLAND	
Date of death <i>1909</i>		Month <i>Jan.</i>		Day <i>29</i>		Age <i>75</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>		Months <i>—</i>	
Occupation <i>Coal Miner</i>		Where Residing if not at place of death <i>Paradise, Md.</i>		Days <i>23</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Mary Cramer</i>		Father's Birthplace <i>Ireland</i>		Mother's Birthplace <i>Ireland</i>	
Father's Name <i>Jeremiah Cramer</i>		Mother's Maiden Name <i>Catherine Cramer</i>		How related to decedent <i>Daughter</i>			
Name of person giving information <i>Mrs. Anna M. Grevy</i>							

## CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

Primary	<i>Old Age</i>	How long	<i>—</i>
Immediate	<i>General Debility</i>	How long	<i>3 years</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. P. O'Neil</i>	
<i>Yes</i>		Address <i>Midland, Md.</i>	
Accident or Suicide?			



Name  
in  
Full

Cora E Daniels

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Cumtland <sup>Town</sup> Allegh <sup>County</sup> MARYLAND

Date of death 1909 Jan <sup>Month</sup> 17 <sup>Day</sup> Age 26 <sup>Years</sup> — <sup>Months</sup> — <sup>Days</sup>

Sex Female Color or Race White Birth-place Md

Occupation None Where Residing if not at place of death —

Married, Single or Widowed Married Name of Wife or Husband Thomas M Daniels

Father's Name Norman Stallings Father's Birthplace Md

Mother's Maiden Name Susan Twigg Mother's Birthplace Md

Name of person giving Information Thomas M Daniels How related to deceased Husband

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis How long 2 Years -

Immediate Intestinal troubles How long 3 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician F. J. Bartodale

Address Cumtland Md.  
Bartodale

Accident or Suicide —

Alaska  
~~Frank~~ ma

Name  
in  
Full

Nancy Deffenbaugh

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909		1	15	69	11	9	
Sex	Color or Race		Birth-place				
J.	W.		Md.				
Occupation	Where Residing if not at place of death						
Married, Single or Widowed			Name of wife or Husband				
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information			How related to deceased				
H. H.			O. C. Deffenbaugh				
Chas Wilhelm			Pa				
Nancy Touch.			Tram				
Minnie Deffenbaugh			Daughter				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	How long
Bright's Disease	
Immediate	How long
3 yrs	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
	Dr. H. M. Lane
	Address
	Hostburg Md
Accident or Suicide?	

J. J. & N. Co.  
Allegany



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Louis Drew Jr*

Town *Cumberland* County *Allegany* MARYLAND

Died at *Cumberland*

Date of death *1909 Jan 19* Age *59* Months *-* Days *-*

Sex *male* Color or Race *White* Birth-place *on The Ocean*

Occupation *Plumber* Where Residing if not at place of death *Bouford Pa*

Married, Single or Widowed *Widower* Name of Wife or Husband *Mary Drew*

Father's Name *Louis Drew* Father's Birthplace *Germany*

Mother's Maiden Name *do not know* Mother's Birthplace *"*

Name of person giving Information *Bertha Sprigg* How related to deceased *Daughter*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary *Pneumonia* How long *One week*

Immediate *Exhaustion* How long *Five or six days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *A. T. Dure* Address *Cumberland Md*

Accident or Suicide

~~Be~~ ~~Pa~~

Name  
in  
Full

Marion Catherine Dwyer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Cumberland

Allegheny

Date

of death 1909

Month

Jan

Day

9

Age

Years

—

Months

15

Days

2

Sex

Female

Color or  
Race

White

Birth-  
place

Cumb d

Occupation

none

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

—

Name of Wife or  
Husband

—

Father's  
Name

Wm John Dwyer

Father's  
Birthplace

Cumb d

Mother's  
Maiden Name

Mellie K Strong

Mother's  
Birthplace

Cumb d.

Name of person giving  
Information

Wm John Dwyer

How related  
to deceased

Father

CAUSES OF DEATH

105

Primary

Enterocolitis

How long

20 days

Immediate

Enterocolitis

How long

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

Edward Harris, M.D.

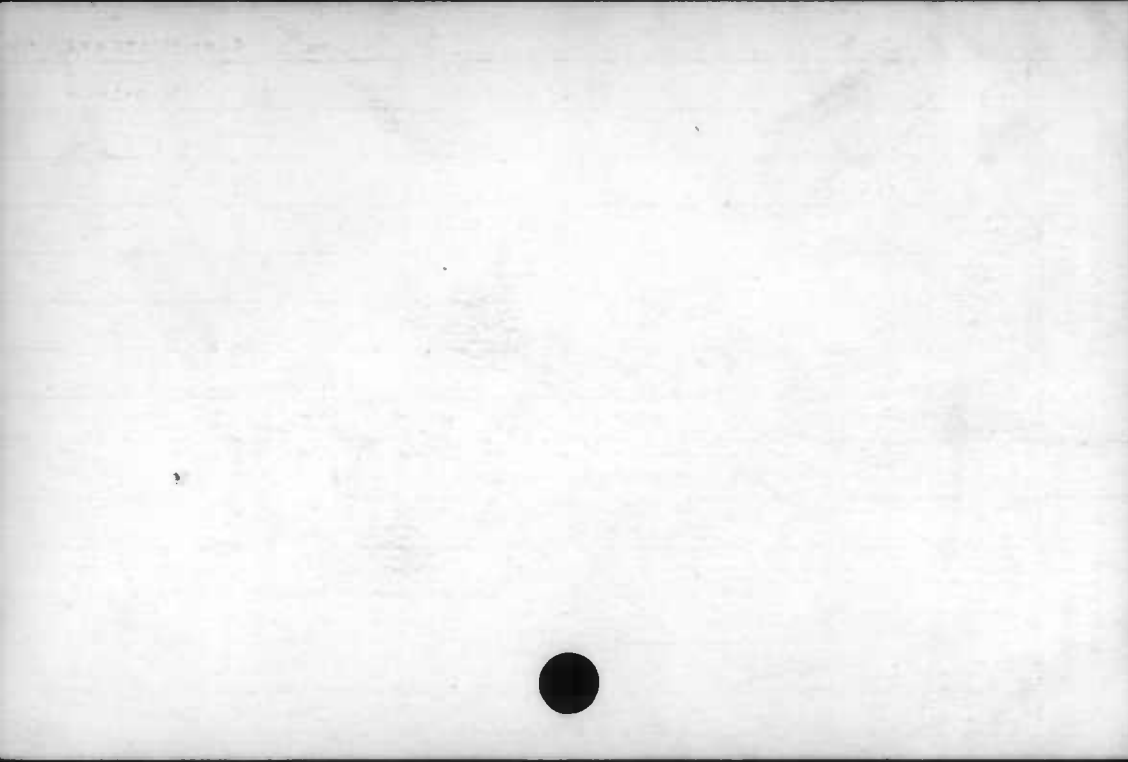
Address

Cumberland  
Md.

Accident or Suicide

—

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

~~Chas~~ Infant Eaton

Town Cumberland County

Died at

Date of death 1909 June 18 Age \_\_\_\_\_ Months \_\_\_\_\_ Days 6 hrs

Sex Male Color or Race white Birth-place Cumb

Occupation \_\_\_\_\_ Where Residing if not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_

Father's Name Chas. F. Eaton Father's Birthplace Md

Mother's Maiden Name Victoria Corbourn Mother's Birthplace Md

Name of person giving information Cha Eaton How related to deceased Father

## CAUSES OF DEATH

150

PHYSICIAN  
OR CORONER

Primary Premature Birth - Born at 7 mos

Immediate Blue Baby -

How long \_\_\_\_\_

Are the name, age, sex, color, date and place correctly given above? *yl*

Signature of Physician E. B. Colaybrook M.D.

Address Cumberland Md

Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

CERTIFICATE OF DEATH

Edwin Elias Eckhart

Town

County

MARYLAND

Died at Eckhart Mines

Allegheny

Date

of death

1909

Month

June

Day

5

Age

Years

3

Months

—

Days

22

Sex

Male

Color or  
Race

White

Birth-  
place

Eckhart Mines

Occupation

Where Residing if not  
at place of death

Eckhart

Married, Single  
or Widowed

Name of Wife or  
Huaband

Father's  
Name

Thomas Eckhart

Father's  
Birthplace

Eckhart Mines

Mother's  
Maiden Name

Rachael Pengelly

Mother's  
Birthplace

Brooklyn Pa

Name of person giving  
Information

Thomas Eckhart

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Typhoid & Pneumonia

How long

4 weeks

Immediate

Exhaustion

How long

immediate

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

J C Hildsworth  
Eckhart Mines  
Md.

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

1

Hrostberg Farm & Seed Co

Oshtemo Cemetery



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Mr. Gustave Essentary*

Town *Lanecoming* County *Alligany* MARYLAND

Died at *Lanecoming*

Date of death 1909 Month *June* Day *18* Age *80* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Budapest*

Occupation *Housewife* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Gustave Essentary*

Father's Name *Jeremiah Stern* Father's Birthplace *Budapest*

Mother's Maiden Name *Lyn Rieborn* Mother's Birthplace

Name of person giving Information *Loraine Essentary* How related to deceased *Daughter*

CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary *Apoplexy* How long *Suddenly*

Immediate *Yes* How long *Suddenly*

Are the name, age, sex, color, data and place correctly given above? *Yes*

Signature of Physician *W. O. Killings*

Address *Lanecoming*

Accident or Suicide *No*



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name (Edmonson) *Colonel* County *Hardee Co.*

Town *Quincy* Died at *Allegany* MARYLAND

Date of death 190 *9* Month *1* Day *3* Age *97* Months Days

Sex *Male* Color or Race *Coloread* Birthplace *Hardee Co.*

Occupation *Farmer* Where Residing if not at place of death *Quincy Md.*

Married, Single or Widowed *Married* Name of Wife or Husband *Maria Edmonson*

Father's Name *Jerry Edmonson* Father's Birthplace *Unknown*

Mother's Maiden Name *Unknown* Mother's Birthplace *" " "*

Names of person giving Information *Vandiver Edmonson* How related to deceased *Son*

CAUSES OF DEATH

154

PHYSICIAN  
OR CORONER

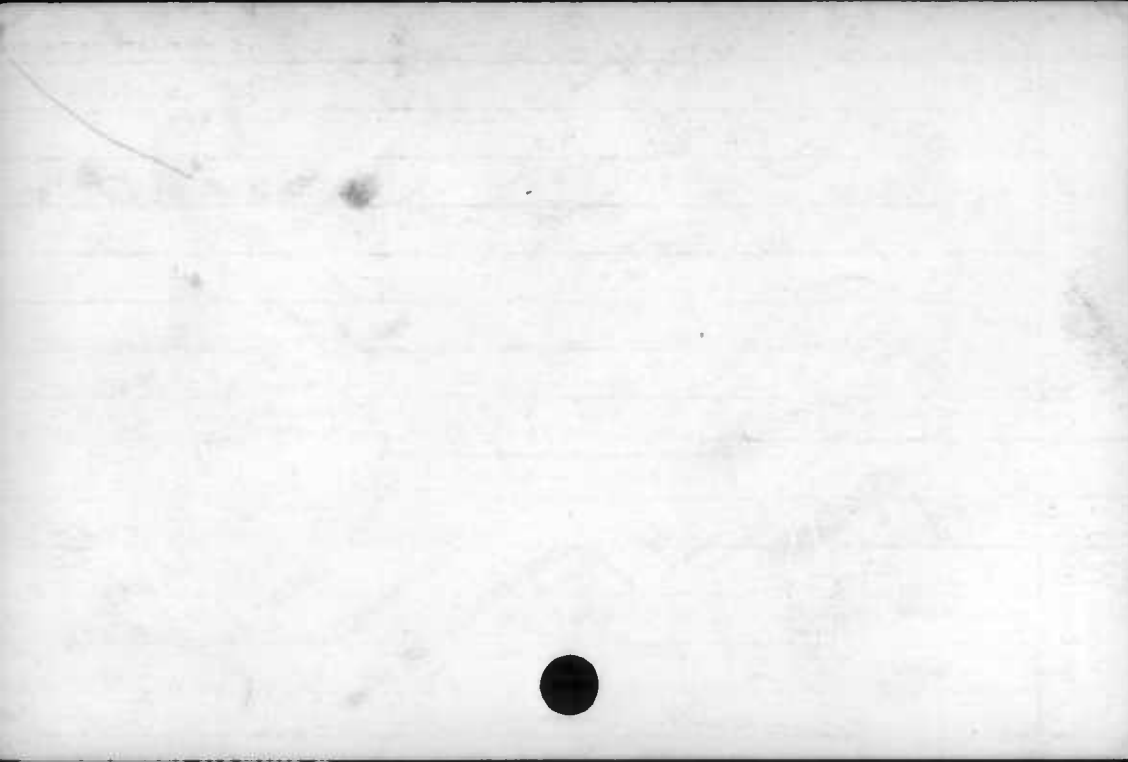
Primary *Old age* How long *97 yrs*

Immediate *Bright's disease* How long *1 yr*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Shurgeon Sparks* Address *104 N Mechaide*

Accident or Suicide



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

## CERTIFICATE OF DEATH

MARYLAND

Margaret E. Foreman

Died at ~~near~~ Cumberland

Town

Alligany

County

Date of death 1909 January 20

Month

Day

Age 30

Year

Months

Days

Sex Female

Color or  
Race

White

Birth-  
place

Frederick Co. Md.

Occupation

Housewife

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Married

Name of Wife or  
Husband

John Edward Foreman

Father's  
Name

James Kline

Father's  
Birthplace

Fred. Co. Md.

Mother's  
Maiden Name

Elen Kline Miller

Mother's  
Birthplace

Pennsylvania

Name of person giving  
In formation

John E. Foreman

How related  
to deceased

Husband

## CAUSES OF DEATH

27

Primary

Pulmonary tuberculosis

How long

1 year

Immediate

Transitory

How long

1 week

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

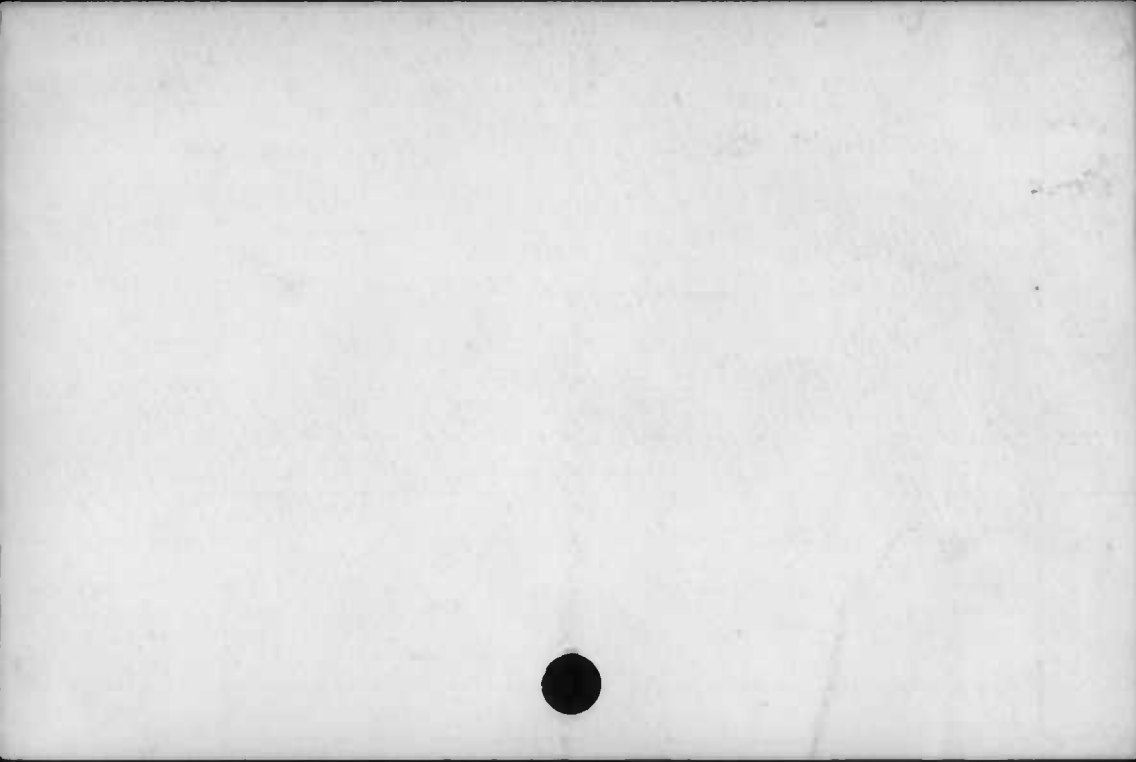
William R. Boardman, M.D.

Address

116 Virginia Ave  
Cumberland, Md.

Accident or Suicide?

No.



Name  
in  
Full

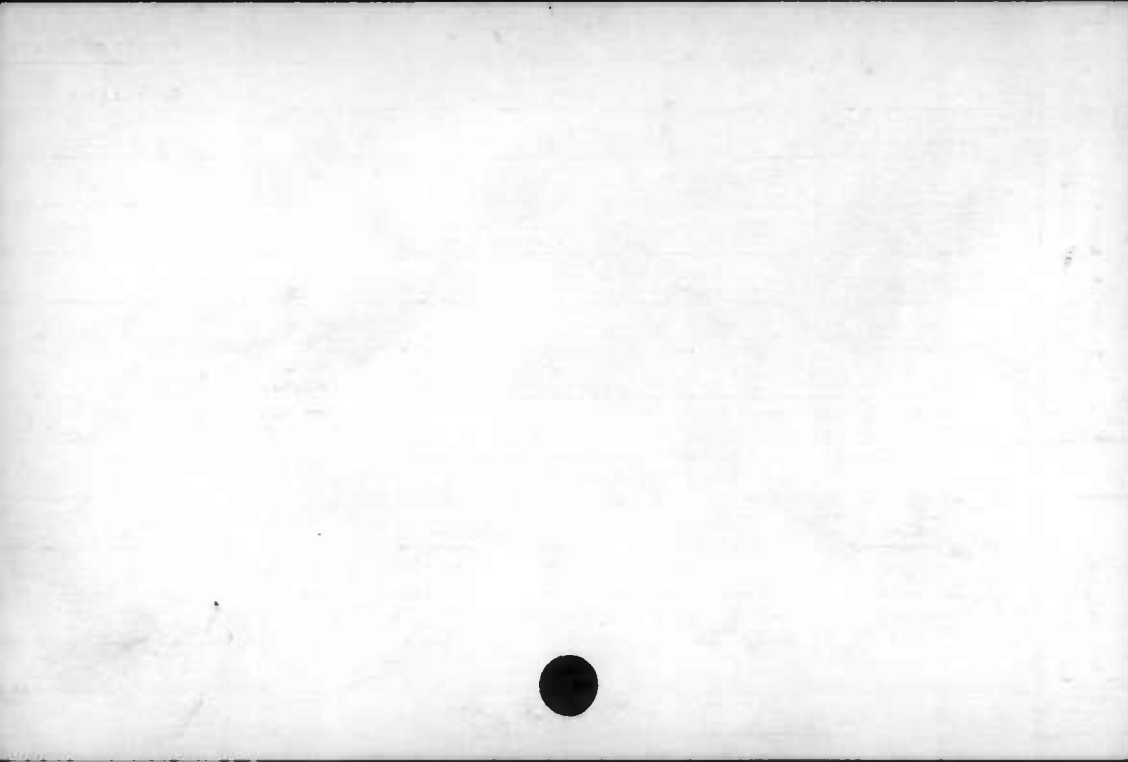
## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Georgie Loyd Pirey</i>		Town <i>Brown</i>		County <i>Alle</i>		MARYLAND	
Died at <i>Brown</i>		Month <i>Jan</i>		Day <i>27</i>		Age <i>—</i>	
Date of death <i>1904</i>		Month <i>Jan</i>		Day <i>27</i>		Age <i>—</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Ind</i>		Years <i>—</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>		Father's Birthplace <i>Ind</i>		Mother's Birthplace <i>Ind</i>	
Father's Name <i>Geo B Pirey</i>		Mother's Maiden Name <i>Mary Morgan</i>		How related to deceased <i>Father</i>		How long <i>—</i>	
Name of person giving Information <i>Geo B Pirey</i>		How related to deceased <i>Father</i>		How long <i>—</i>		How long <i>—</i>	

## CAUSES OF DEATH

Primary	<i>Still Birth at term</i>	How long	<i>—</i>
Immediate		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>F. W. Fochsman</i>
		Address	<i>Cumberland Md.</i>
Accident or Suicide <i>—</i>			





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *James J. Gill* - Town *Cumberland* County *Allegheny* MARYLAND

Died at *Cumberland* Date of death 1909 Month *1* Day *30* Age *63* Years Months Days

Sex *Male* Color or Race *White* Birthplace *Tha W. Va*

Occupation *Woodman* Where Residing if not at place of death *Robins W Va*

Married, Single or Widowed *Widowed* Name of Wife or Husband *Mary Gice*

Father's Name *McDonald Gice* Father's Birthplace *Pa*

Mother's Maiden Name *Marie Langster* Mother's Birthplace *Pa*

Name of person giving Information *Frank R. Gice* How related to deceased *Son*

## CAUSES OF DEATH

179

How long

How long

PHYSICIAN  
OR CORONER

Primary

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

*GH Martz Coroner*  
*Cumberland*  
*Md*

*Filed 1909*

~~Lithauer~~

Pa

Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Ethel G. Hamilton* Town *Cumberland* County *Alleg.*

Died at *Cumberland* *Alleg.* MARYLAND

Date of death 190 *9* Month *Jan* Day *13* Age *—* Years *—* Months *7* Days *—*

Sex *Female* Color or Race *White* Birth-place *Cumld.*

Occupation *None* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Richard Hamilton* Father's Birthplace *Id.*

Mother's Maiden Name *Mathilda Valentine* Mother's Birthplace *Id.*

Name of person giving Information *Geo R. Hamilton* How related to deceased *Grand father*

"Overlaid"

CAUSES OF DEATH

176

PHYSICIAN  
OR CORONER

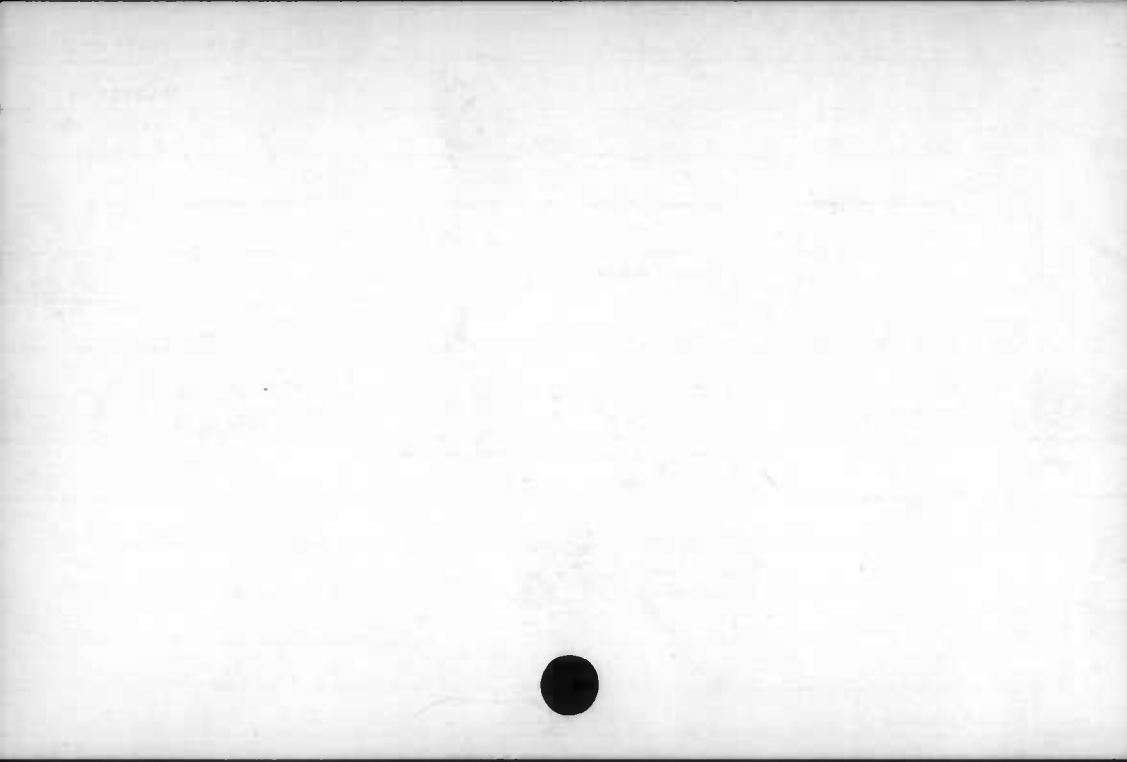
Primary *Heart Ede in Brain* How long *—*

Immediate *Infarction accidental* How long *—*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *J. M. L. Coroner* Address *Cumberland Md*

Accident or ~~cause~~



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>J. M. Hinkle</i>		Town <i>Cumberland</i>		County <i>Allegh.</i>		MARYLAND	
Died at <i>Cumberland</i>		Month <i>1</i>		Day <i>18</i>		Years <i>35</i>	
Date of death <i>1909</i>		Months <i>27</i>		Days <i>27</i>			
Sex <i>Male</i>		Color or Race		Birth-place <i>Cumberland</i>			
Occupation <i>Telegrapher</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Susie Mc Kenzie</i>					
Father's Name <i>Edward M. Hinkle</i>		Father's Birthplace <i>Cum B. Md.</i>					
Mother's Maiden Name <i>Harriet Twigg</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>Carroll M. Hinkle</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

Primary *Killed by bars accidental*

How long

Immediate *Exhaustion*

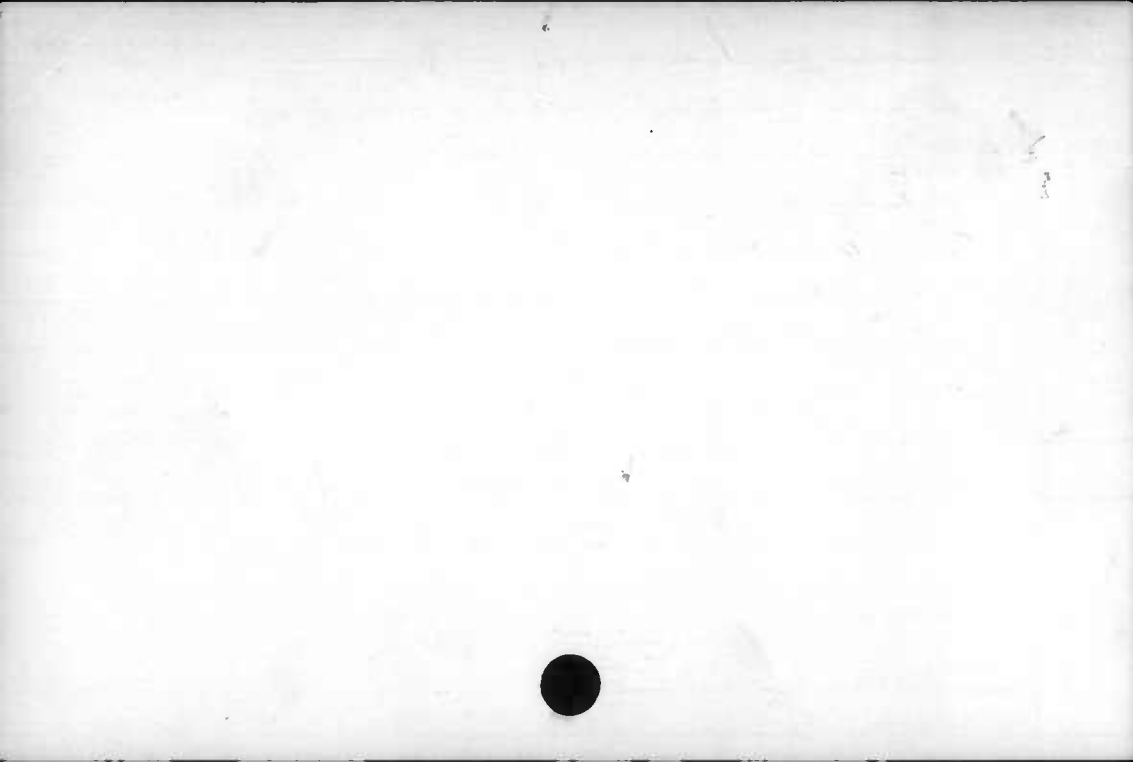
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide



Name  
in  
Full

Annie E Hensley

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u>		County <u>Assey</u>		MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	July	30	Age 46		
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Cumtland</u>		
Occupation <u>Wife</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Married</u>		Name of <del>Wife</del> Husband <u>Charles A Hensley</u>			
Father's Name <u>John Dehler</u>		Father's Birthplace <u>Germany</u>			
Mother's Maiden Name <u>Margaret Pfann</u>		Mother's Birthplace <u>Germany</u>			
Name of person giving Information <u>Charles A Hensley</u>		How related to deceased <u>Husband</u>			

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <u>Lung Tuberculosis</u>	How long <u>Several Years</u>
Immediate <u>Exhaustion, Dropsy</u>	How long <u>Several months</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>[Signature]</u>
<u>Scenic</u>	Address <u>Cumtland Maryland</u>
Accident or Suicides <u>—</u>	

Geo. L. Carter, M.D.,  
Secretary Board of Health.

Lumberville  
Mo

31 Deaths  
Jan. Report



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James R. Huggins.

Died at <i>Cumberland</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	190 <i>9</i>	Month <i>June</i>	Day <i>23</i>	Age <i>42</i>	Years <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Tomerus Co. Pa</i>		
Occupation <i>mrs. agent</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Jacob Huggins.</i>	Father's Birthplace <i>Germany.</i>				
Mother's Maiden Name <i>Adeline Robinson</i>	Mother's Birthplace <i>Pa</i>				
Name of person giving Information <i>Mrs Minnie Campbell.</i>	How related to deceased <i>Sister</i>				

## CAUSES OF DEATH

(83)

Primary <i>Surg. Operations (for hemorrhoids)</i>	How long <i>10 days</i>
Immediate <i>Gangrene</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W F Surag</i>
<i>Heard</i>	Address <i>Cumberland Md</i>
Accident or Suicide <i>(acc)</i>	

PHYSICIAN  
OR CORONER

Patient was operated on for hemorrhoids. Gangrene developed from skin abrasion on abdomen — the result of a turpentine stufe.

The case was placed in the Hospital beside a case of hospital gangrene, and was infected from case.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

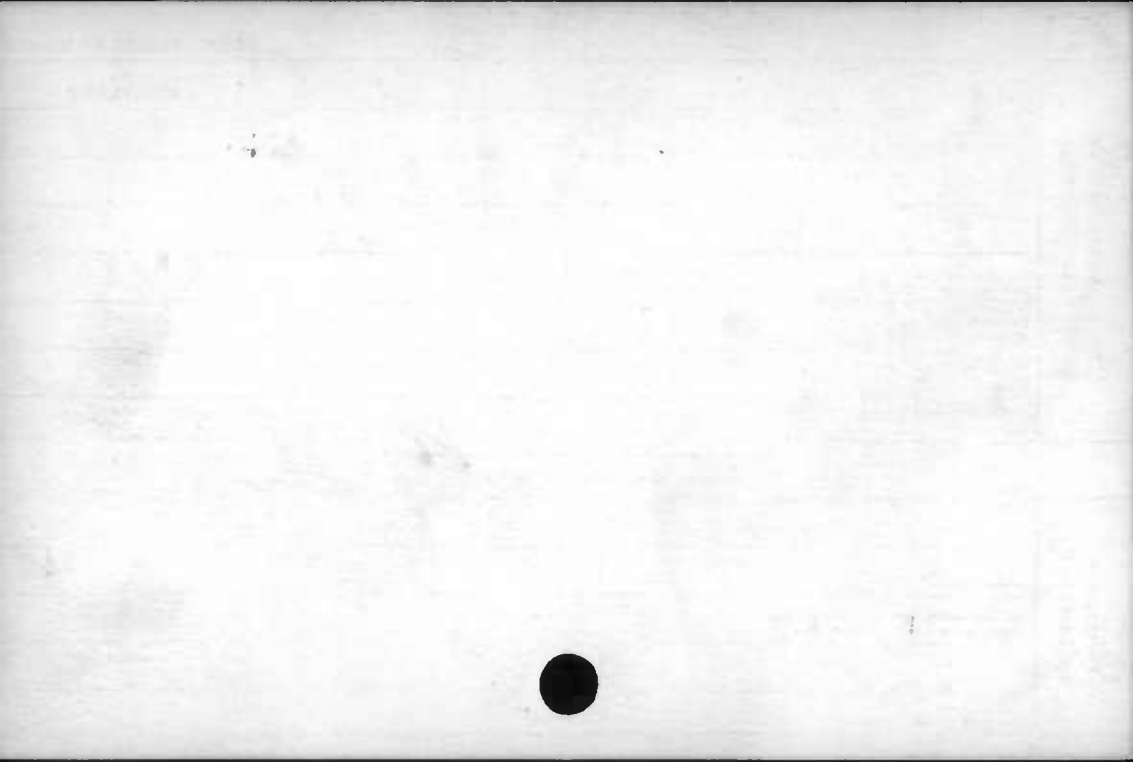
Died at <i>Cumberland</i>		Town <i>B</i>		County <i>Essex</i>		State <i>MARYLAND</i>	
Date of death	1909	Month	Jan	Day	29	Years	69
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Va</i>
Occupation	<i>Taylor</i>		Where Residing if not at place of death		<i>Cumberland</i>		
Married, Single or Widowed	<i>Widowed</i>		Name of Wife or Husband		<i>Janette Catherine Riggs Isaacs</i>		
Father's Name	<i>Charles Isaacs</i>		Father's Birthplace		<i>Va</i>		
Mother's Maiden Name	<i>Ann Buehler</i>		Mother's Birthplace		<i>Va</i>		
Name of person giving Information	<i>Miss Jennie Isaacs</i>		How related to deceased		<i>Sister</i>		

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia</i>	How long	<i>16 hours</i>	<i>Sober and was aware.</i>
Immediate	<i>Oedema of lungs, failure of heart</i>	How long	<i>4 hours</i>	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>W. R. Hodges</i>	
Address	<i>Cumberland, Md.</i>			
Accident or Suicide				



# CERTIFICATE OF DEATH

Died at <i>Harpersville, Tennessee</i>		County <i>Alligany</i>		MARYLAND	
Date of death <i>1909</i>	Month <i>Jan</i>	Day <i>3</i>	Age <i>—</i>	Years <i>—</i>	Months <i>5</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Scotland</i>		
Occupation <i>none</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Robert Jamison</i>			Father's Birthplace <i>Scotland</i>		
Mother's Maiden Name <i>Janie Cullen</i>			Mother's Birthplace <i>Scotland</i>		
Name of person giving Information <i>Joe Cullen</i>			How related to deceased <i>nephew</i>		

### CAUSES OF DEATH

Primary	Capillary Bronchitis		How long	10 or 12 days
Immediate	Convulsions		How long	Some hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. B. Skilling
			Address	Lancaster
Accident or Suicide		No		



Name  
in  
Full

## CERTIFICATE OF DEATH

V. Kerrigan

Town

County

MARYLAND

Died at Cumberland

Allegany

Date

of death 1909 Jan'y

Month

Day

16

Years

Age 21

Months

1

Days

Sex

Male

Color or  
Race

White

Birth-  
place

Pan

Occupation

Fire man

Where Residing if not  
at place of death

Sand Patch Pe

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

none

Father's  
Name

Wm Kerrigan

Father's  
Birthplace

Ireland

Mother's  
Maiden Name

Mary Kilbuck

Mother's  
Birthplace

Ireland

Name of person giving  
Information

M. J. Kerrigan

How related  
to deceased

Brother

## CAUSES OF DEATH

Primary

Fractured Skull

How long

164

24 hrs

Immediate

Contusion of Brain

How long

24 hrs

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

E. B. O. Laybrook

Address

Cumberland

Accident or Suicide

accident

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Sand Patch

Sumner Co Pa

---



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Elizabeth Kilmer* (Kilmer) County *Allegany* Maryland

Town *Uniontown*

Died at *Uniontown*

Date of death 190*9* Month *1* Day *9* Age *62* Years Months Days

Sex *Female* Color or Race *White* Birthplace *Baltimore*

Occupation *Laundress* Where Residing if not at place of death *Uniontown*

Married, Single or Widowed *Single* Name of Wife or Husband *None*

Father's Name *Wm. Kilmer* Father's Birthplace *Baltimore*

Mother's Maiden Name *Fannie Hayes* Mother's Birthplace *Baltimore*

Name of person giving Information *Mary Kilmer* How related to deceased *Sister*

CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary *Phthisis* How long *Seven years*

Immediate *Heart failure* How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. W. Miller* Address *Uniontown, Md.*

*FSB*

Accident or Suicide

H. H. Riley

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Infant Mr & Mrs Wm King

Town Cumberland County Alleg

Died at

Month Jan Day 21 Years Months Days

Date of death 1909

Age

Sex male Color or Race White Birth-place Cumberland

Occupation None Where Residing if not at place of death

Married, Single or Widowed Single Name of Wife or Husband None

Father's Name Wm. King Father's Birthplace Ma.

Mother's Maiden Name Sarah Ann Hoover Mother's Birthplace W. Va.

Name of person giving Information Wm. King How related to deceased Father

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary Diseased Placenta How long

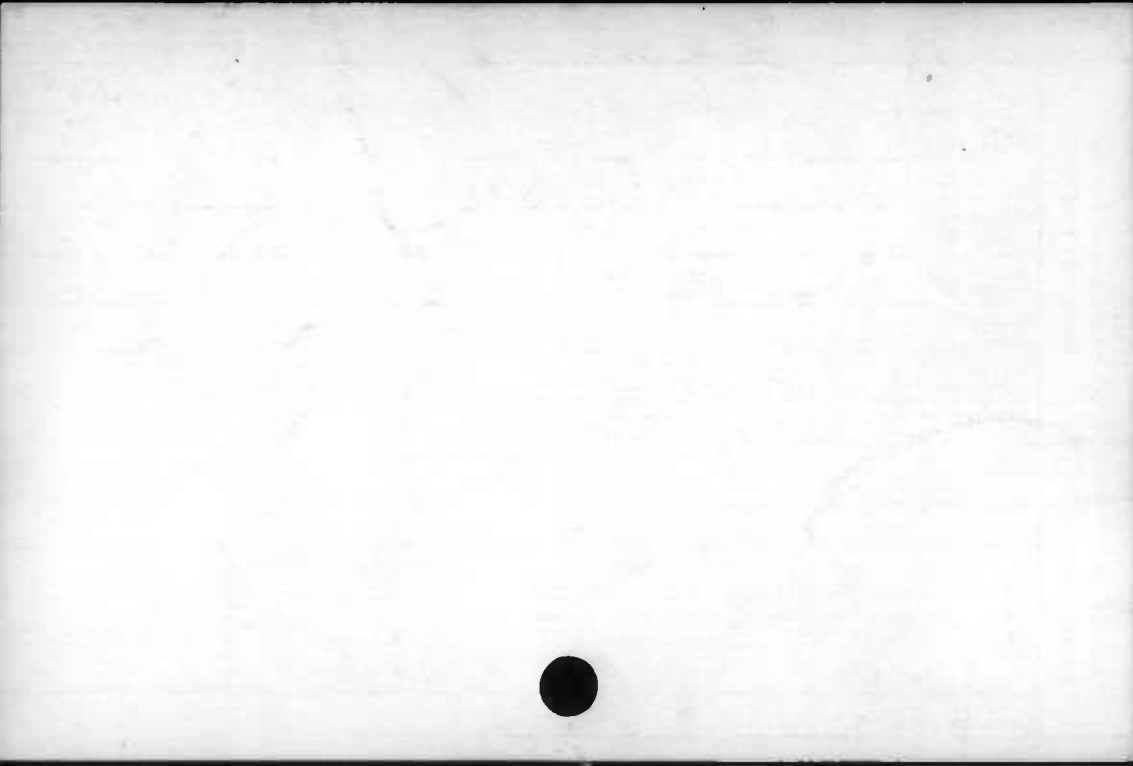
Immediate Born dead & retained dead How long

Are the name, age, sex, color, date and place correctly given above? ☒ Yes

Signature of Physician E. B. Claymore

Address Cumberland

Accident or Suicide



Name  
in  
Full

Mc Marie Lashley

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Mt Sarag <sup>County</sup> Allegany **MARYLAND**

Date of death 1909 <sup>Month</sup> Jan <sup>Day</sup> 8 <sup>Age</sup> 33 <sup>Years</sup> 10 <sup>Months</sup> <sup>Days</sup>

Sex Male <sup>Color or Race</sup> White <sup>Birth-place</sup> Pa

Occupation Street Car Conductor <sup>Where Residing if not at place of death</sup>

Married, Single or Widowed Single <sup>Name of Wife or Husband</sup>

Father's Name Robert Lashley <sup>Father's Birthplace</sup> Pa

Mother's Maiden Name Dorcas Robinette <sup>Mother's Birthplace</sup> Pa

Name of person giving Information Robert Lashley <sup>How related to deceased</sup> Father

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Pulmonary Tuberculosis <sup>How long</sup> 10 mos

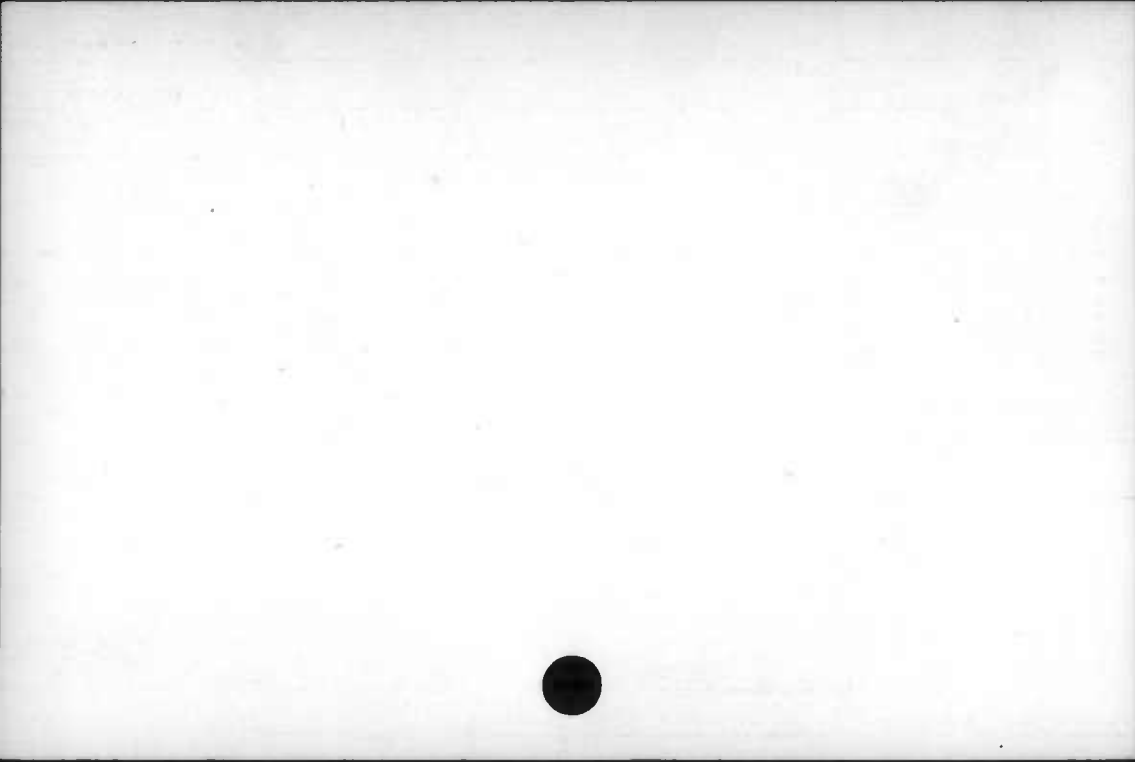
Immediate Exhaustion <sup>How long</sup> 3 wks

Are the name, age, sex, color, date and place correctly given above? ☒ Yes

Signature of Physician F. Alan G. Murray M.D.

Address Mt Sarag Md

Accident or Suicide ☐



Name  
in  
Full

Catherine Francis M<sup>rs</sup> Caffrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

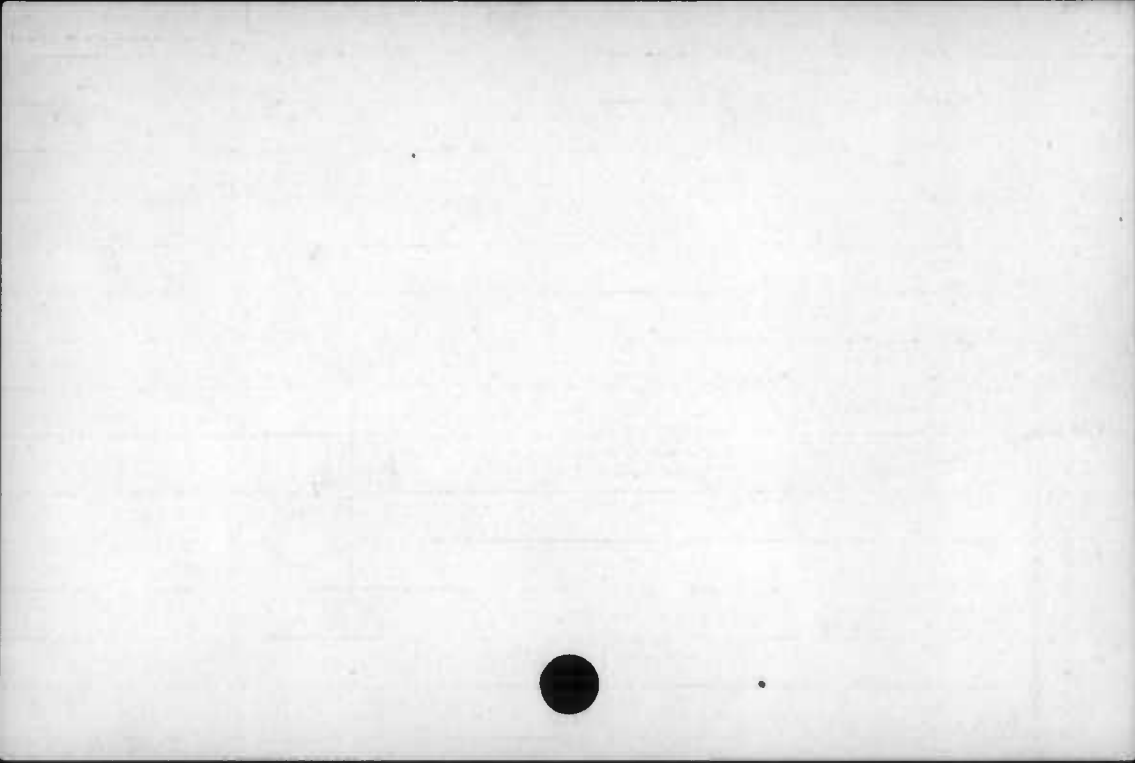
Died at <i>Trostburg</i> <sup>Town</sup>		<i>Allegany</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1909</i>	Month <i>1</i>	Day <i>20</i>	Age <i>66</i>	Months <i>1</i> Days <i>25</i>
Sex <i>X</i>	Color or Race <i>W.</i>	Birth-place <i>Ireland</i>			
Occupation <i>H. W.</i>	Where Residing If not at place of death <i>—</i>				
Married, Single or Widowed <i>Single</i>	Name of <del>Wife</del> or Husband <i>Patrick M<sup>rs</sup> Caffrey</i>				
Father's Name <i>Dont Know</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Catherine Welsh</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>William M<sup>rs</sup> Caffrey</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

**(93)**  
How long

PHYSICIAN  
OR CORONER

Primary	<i>Pneumonia.</i>	How long <i>3 Days</i>
Immediate		
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>	Signature of Physician <i>Dr. W. M. Lane</i>	
	Address <i>Trostburg Md</i>	
Accident or Suicide?		





Name  
in  
Full

Michael Eugene

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> Froeseburg <sup>County</sup> Allegheny **MARYLAND**

Date of death 1909 Month 1 Day 27 Age 55 Years Months Days

Sex Male Color or Race white Birth-place Md.

Occupation Miner Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or ~~husband~~ Annie Foster

Father's Name John Eugene Name Father's Birthplace Ireland

Mother's Maiden Name Mary Eugene Name Mother's Birthplace Ireland

Name of person giving Information J. & D. Donohue How related to deceased none

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary Chronic Asthma How long 2 years

Immediate Pneumonia How long 10 days

Are the name, age, sex, color, date and place correctly given above? Signature of Physician J. M. Bauer

Address Froeseburg Md.

Accident or Suicide?



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Joseph M. Namara

Town Cumberland County Allegany Co MARYLAND

Died at

Date of death 1909 Jan. 19th Age 35 yrs

Sex Male Color or Race White Birthplace W Va.

Occupation Laborer Where Residing if not at place of death Cumberland Md.

Married, Single or Widowed Single Name of Wife or Husband

Father's Name Jos. M. Namara Father's Birthplace Ireland.

Mother's Maiden Name Bridget Doherty Mother's Birthplace Ireland.

Name of person giving Information Sister Katherine Namara How related deceased

## CAUSES OF DEATH

95

PHYSICIAN  
OR CORONER

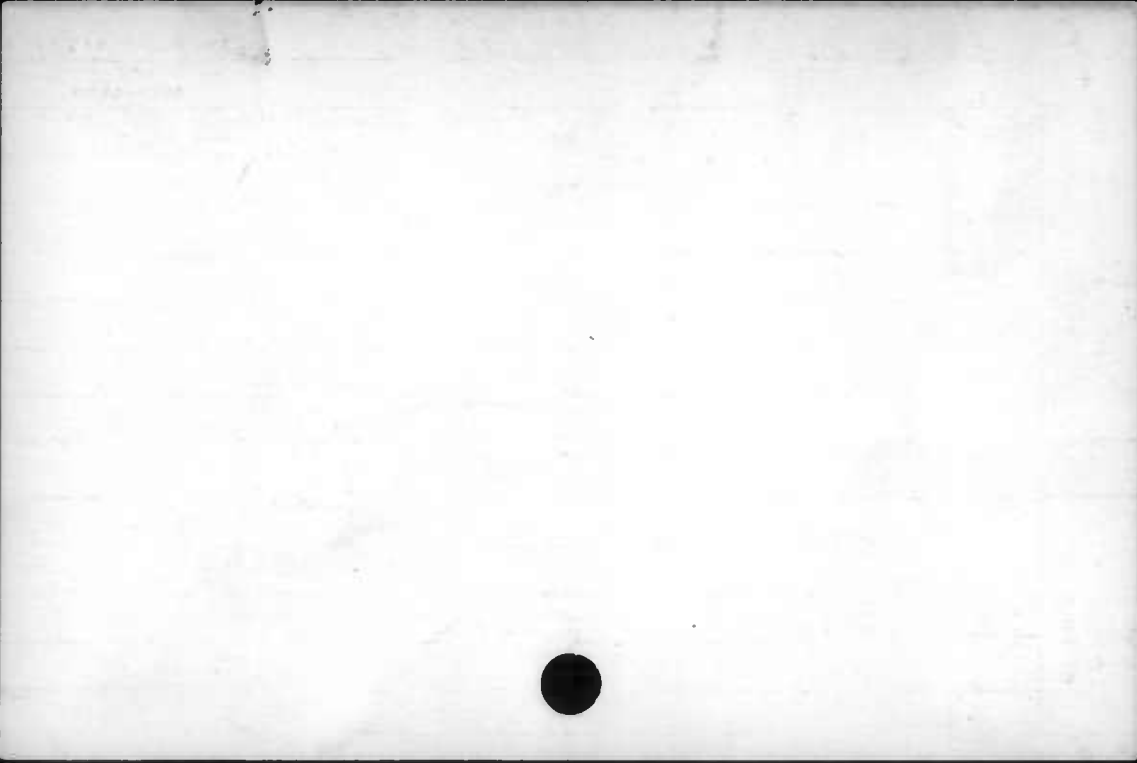
Primary Consumption, Pulmonary How long 5 days

Immediate Exhaustion How long 6 hrs.

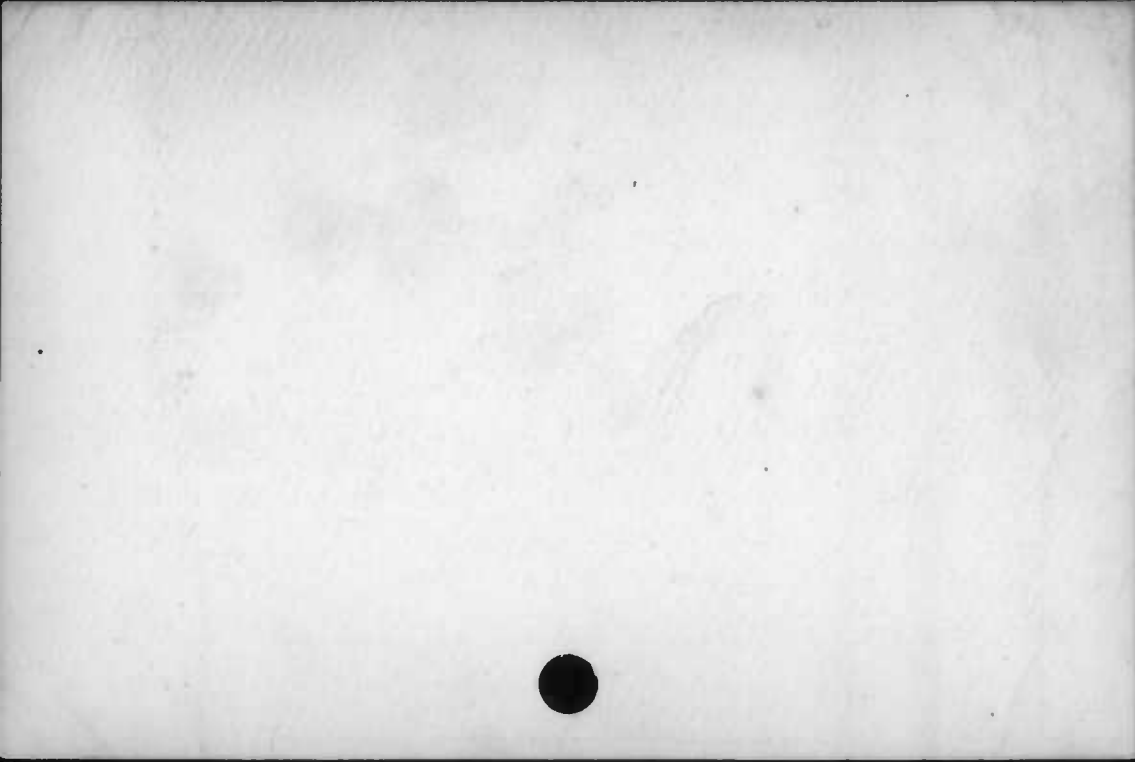
Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician T.B. M. J. Mac... Address Cumberland Md.

Accident or Suicide



Name in Full		Infr. Hansen Miller				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Hagen</i>		Town <i>Allegany</i>		County	
		Date of death <i>1909 Jan</i>		Month <i>24</i>		Day <i>24</i>	
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Hagen</i>	
		Occupation <i>none</i>		Where Residing if not at place of death <i>Hagen</i>		Months <i>10</i>	
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>none</i>		Days <i>10</i>	
PHYSICIAN OR CORONER		Father's Name <i>Hansen Miller</i>		Father's Birthplace <i>Ind.</i>		Months	
		Mother's Maiden Name <i>Sally Donnelly</i>		Mother's Birthplace <i>Ind.</i>		Days	
		Name of person giving information <i>Sally Miller</i>		How related to deceased <i>brother</i>		Minutes	
		CAUSES OF DEATH		<i>151</i>		How long	
						How long	
Primary <i>Unknown intra-uterine</i>		How long <i>9 months</i>		How long		How long	
Immediate <i>Contact with hair</i>		How long <i>5 minutes</i>		How long		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>W. R. Hodges</i>		Address <i>Cumberland, Md.</i>		Address	
Accident or Suicide? <i>no</i>							



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *Frank Richard Miller*

Town *Lonaconing* County *Allegheny* MARYLAND

Died at *Lonaconing*

Date of death 1909 *Jan* *7* Age *3-5-* Months *—* Days *—*

Sex *Male* Color or Race *White* Birth place *Scotland*

Occupation *Miner* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of Wife or Husband *Mary Ellen Stewart*

Father's Name *William Miller* Father's Birthplace *Scotland*

Mother's Maiden Name *Unknown* Mother's Birthplace *"*

Name of person giving Information *Mrs. Mar Dick* How related to deceased *Daughter*

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

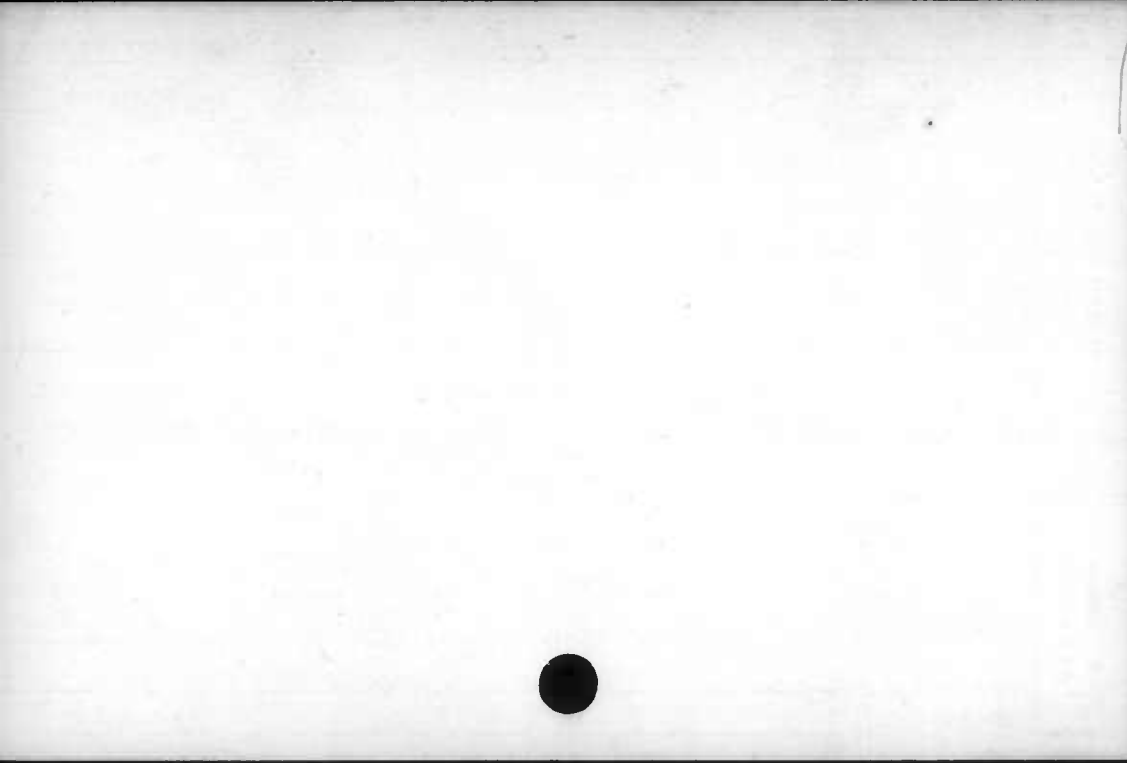
Primary *Carcinoma of Stomach* How long *Eight months*

Immediate *Inanition* How long *Two months*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *M. B. Skilling M.D.* Address *Lonaconing*

Accident or Suicide *No*





Name  
in  
Full

Wm Vernon Naughton

## CERTIFICATE OF DEATH

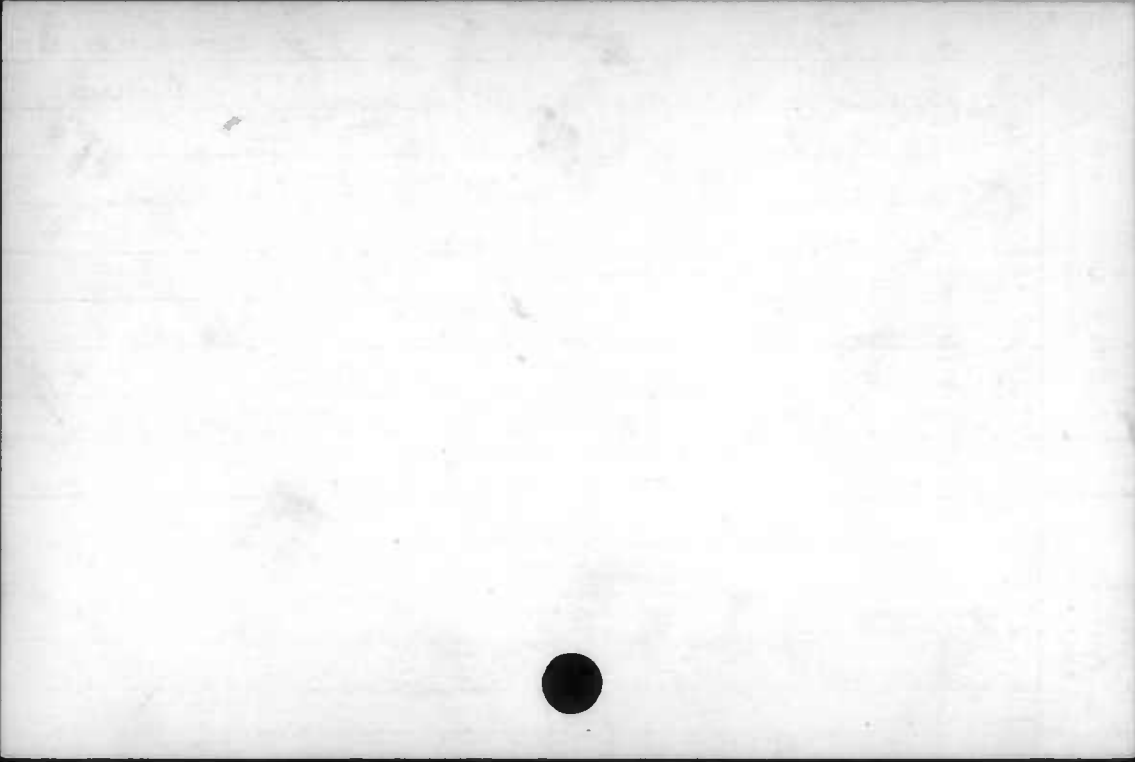
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cumtland</u>		County <u>Allegheny</u>		MARYLAND	
Date of death	Month	Day	Age	Months	Days
1909	Jan	9	—	2	12
Sex	Color or Race	Birth-place			
male	White	Cumtland			
Occupation	Where Residing if not at place of death				
none	—				
Married, Single or Widowed	Name of Wife or Husband				
Single	—				
Father's Name	Father's Birthplace				
W. H. Naughton	Cumtland				
Mother's Maiden Name	Mother's Birthplace				
Virginia B. Moxley	Cumtland				
Name of person giving Information	How related to deceased				
W. H. Naughton	Father				

## CAUSES OF DEATH

Primary	Malnutrition	How long	2 mos
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes-	Signature of Physician	W. B. Claybrook
Accident or Suicide	—	Address	Cumtland

PHYSICIAN  
OR CORONER



Name  
in  
Full

CERTIFICATE OF DEATH

*Roch O'Neal*

Town

County

MARYLAND

Died at *Martin's Mountain* *Allegheny*

Date of death 1909 *Jan* *29* Age *37* Months *—* Days *—*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *Wife* Where Residing if not at place of death *—*

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *R. H. O'Neal*

Father's Name *Mrs. Wiegfield* Father's Birthplace *Rd.*

Mother's Maiden Name *Minnie Robinson* Mother's Birthplace *md*

Name of person giving Information *R. H. O'Neal* How related to deceased *Husband*

CAUSES OF DEATH

*61*

Primary *meningitis* How long *10 days*  
*& exhaustion*

Immediate *& exhaustion*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

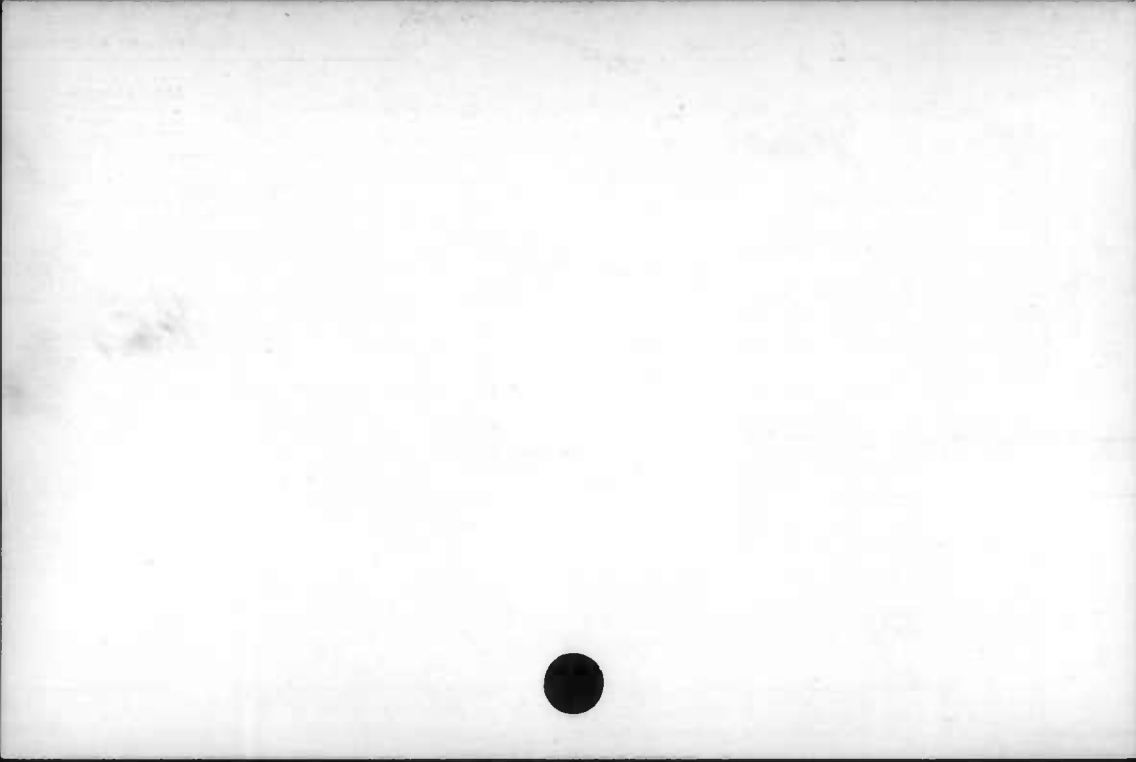
*Stein.*

Accident or Suicide

*Thos. H. Tamm*  
*Wm. H. Tamm, 3rd*  
*Bridge on Flinton*

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER



Name  
in  
Full

William F. Parker

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Town

County

**MARYLAND**

Died at

Date \_\_\_\_\_

1909

Month

-Dey

Years

Months:

Days

### Age

534

Sex

Color or  
Race

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or WidowedName of Wife or  
Huband

Father's  
Name

**Father's Birthplace**

Mother's  
Maiden Name

Mother's Birthplace

Nama of person giving information

How related  
to deceased

### CAUSES OF DEATH

166

## Primary

How long

Immediate

How long

Are the name, age, sex, color, data and place correctly given above ?

Signature of Physician

Address

### Accident or Suicidal

PHYSICIAN  
OR CORONER

Wao struck by R.R. engine and knocked on  
pile of iron.

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name infant - Paskeel Town \_\_\_\_\_ County \_\_\_\_\_

Died at Cumberland Accomac MARYLAND

Date of death 1909 Month January Day 27 Age — Years \_\_\_\_\_ Months \_\_\_\_\_ Days 30 minutes

Sex Male Color or Race White Birth-place Cumt'd

Occupation none Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name H. L. Paskeel Father's Birthplace W. Va.

Mother's Maiden Name Nellie Snyder Mother's Birthplace W. Va.

Name of person giving Information H. L. Paskeel How related to deceased Father

PHYSICIAN  
OR CORONER

## CAUSES OF DEATH

150

Primary Congenital deformity. Imperforate Larynx How long \_\_\_\_\_

Immediate Asphyxia How long 3/4 hr

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

E. B. Delaney  
Cumberland, Md.

Accident or Suicide

44 Incorporated.



Name  
in  
Full

Edward H. Peacock

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <sup>Town</sup> <u>Emberland</u> <sup>County</sup> <u>Alleghany</u>		MARYLAND	
Date of death <u>1909</u>	<sup>Month</sup> <u>Jan</u>	<sup>Day</sup> <u>18</u>	<sup>Years</sup> <u>43</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Muncie Ind</u>	<sup>Months</sup> <u>—</u> <sup>Days</sup> <u>—</u>
Occupation <u>Recruiting Sergeant</u>	Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>None</u>		
Father's Name <u>James Peacock</u>	Father's Birthplace <u>Ohio</u>		
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>		
Name of person giving Information <u>Major Duxford</u>	How related to deceased <u>Supt. Officer</u>		

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <u>Organic Heart Disease</u>	How long <u>Unknown</u>
Immediate <u>Heart failure</u>	How long <u>a few minutes</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>E. J. Dux</u>
<u>Section</u>	Address <u>Emberland Ind</u>
Accident or Suicide <u>—</u>	

Grafton

Name  
in  
Full

Not named

Preston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Barton</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death <i>1909 Jan 31</i>		Month		Day		Age		Months <i>3</i> Days <i>28</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Alleg. Co</i>					
Occupation <i>✓</i>		Where Residing if not at place of death <i>✓</i>							
Married, Single or Widowed <i>✓</i>		Name of Wife or Husband <i>✓</i>							
Father's Name <i>John Preston</i>		Father's Birthplace <i>Alleg. Co Md</i>							
Mother's Maiden Name <i>Laura Eagar</i>		Mother's Birthplace <i>Alleg. Co Md</i>							
Name of person giving Information <i>John Preston</i>		How related to deceased <i>Father</i>							

## CAUSES OF DEATH

104

PHYSICIAN  
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>ten hours</i>
Immediate <i>Convulsions</i>	How long <i>ten hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. A. Bouchen</i>
	Address <i>Barton, Md</i>
Accident or Suicide	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Mary Margaret Rarig</i>		Town <i>Cumberland</i>		County <i>Alleg</i>		State <b>MARYLAND</b>	
Died at <i>Cumberland</i>		Month <i>Jan</i>		Day <i>9</i>		Years <i>67</i>	
Date of death <i>1909 Jan 9</i>		Month <i>Jan</i>		Day <i>9</i>		Years <i>67</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>MD</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>None</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>Valentine Rarig</i>		Father's Birthplace <i>Germany</i>					
Mother's Maiden Name <i>Susan Lerdigbaum</i>		Mother's Birthplace <i>Frostburg</i>					
Name of person giving Information <i>Susan Rarig</i>		How related to deceased <i>Sister</i>					

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <i>Chronic Endocarditis</i>		How long <i>6 mos</i>	
Immediate <i>Congestion of Lungs</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>D. L. Frankline</i>	
<i>LS</i>		Address <i>Dr. Cumberland, Md.</i>	
Accident or Suicide <i>No</i>			

10<sup>0</sup> at ten 15<sup>00</sup> -

1 at church 8 a m.

Trudy -

Line grass.

Name  
in  
Full

Benjamin T. Reed

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town <i>Frostburg</i>		County <i>Allegheny</i>		MARYLAND	
Date of death	1908	Month	1	Day	29	Age	Years 34
Sex	<i>Male</i>		Color or Race	<i>W.</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Miner. Coal.</i>		Where Residing if not at place of death		—		
<del>Married, Single or Widowed</del>		Name of Wife or Husband					
Father's Name	<i>John B. Reed</i>					Father's Birthplace	<i>Wales</i>
Mother's Maiden Name	<i>Martha Francis</i>					Mother's Birthplace	<i>Wales</i>
Name of person giving information	<i>John B. Reed</i>					How related to deceased	<i>Father</i>

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary	<i>Catarrhal Jaundice</i>	How long	<i>6 Days</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 Days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>Dr. H. O. Mc Lane</i>	
Address		<i>Frostburg Md</i>	
Accident or Suicide?			





Name  
in  
Full

Isaac D Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

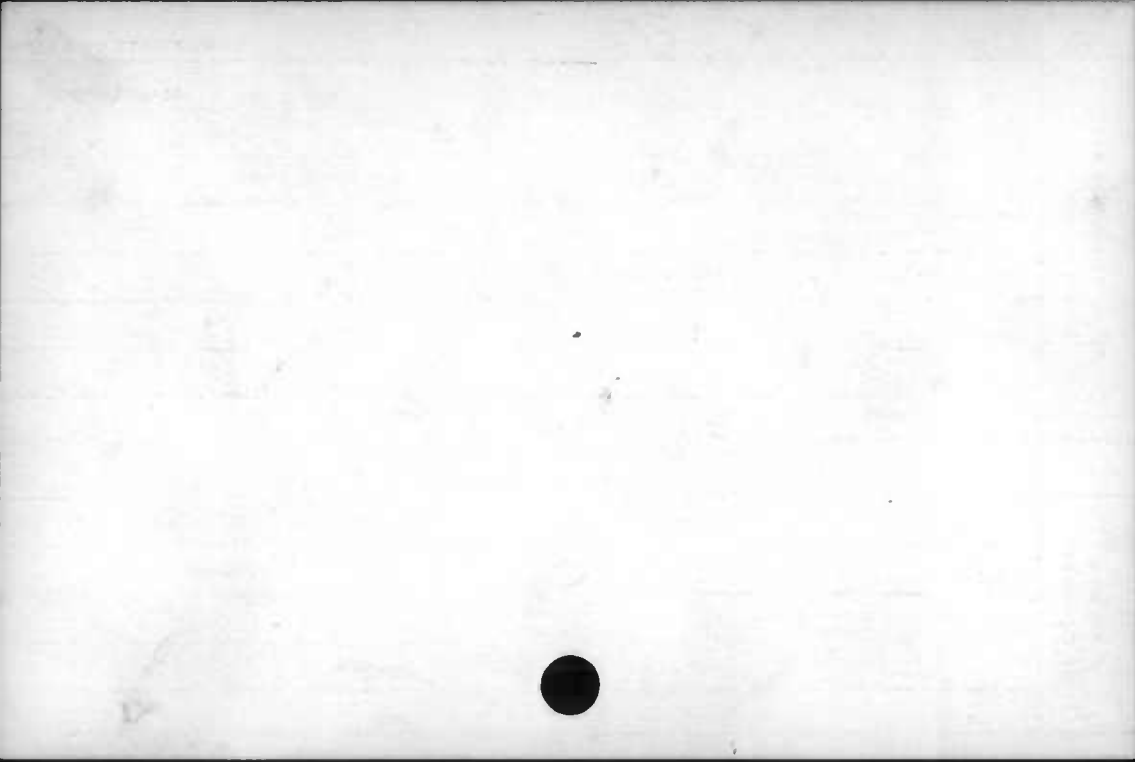
Died at <i>Cumberland</i>		County <i>Allegany</i>		MARYLAND		
Date of death	Month	Day	Age	Years	Months	Days
1909	January	26	65		-	-
Sex	Color or Race	Birth-place				
Male	White	Delaware				
Occupation	Where Residing if not at place of death					
Iron worker	-					
Married, Single or Widowed	Name of Wife or Husband					
Married	Marrie Rodgers					
Father's Name	Father's Birthplace					
Robert Smith	Delaware					
Mother's Maiden Name	Mother's Birthplace					
Susan Dolbie	Delaware					
Name of person giving Information	How related to deceased					
Marrie Smith	Wife					

CAUSES OF DEATH

47

PHYSICIAN  
OR CORONER

Primary	<i>Rheumatic arthritis (chronic)</i>	How long	<i>One year</i>
Immediate	<i>Exhaustion</i>	How long	<i>weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		<i>A. M. Lockman</i>	
<i>Stain</i>		Address	
		<i>Cumberland Md</i>	
Accident or Suicide			



Name  
in  
Full

Rose Lena Stitcher

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town Hrostburg		County Allegany		MARYLAND		
Date of death		1909	Month 1	Day 8	Age 22	Years 22	Months —	Days —
Sex F.		Color or Race W.		Birth-place Md				
Occupation Presser.		Where Residing if not at place of death Cumberland Md						
Married, Single or Widowed Single		Name of Wife or Husband						
Father's Name Geo A Stitcher		Father's Birthplace Md						
Mother's Maiden Name Ellen Monahan		Mother's Birthplace Md						
Name of person giving information Ellen Monahan		How related to deceased Mother						

## CAUSES OF DEATH

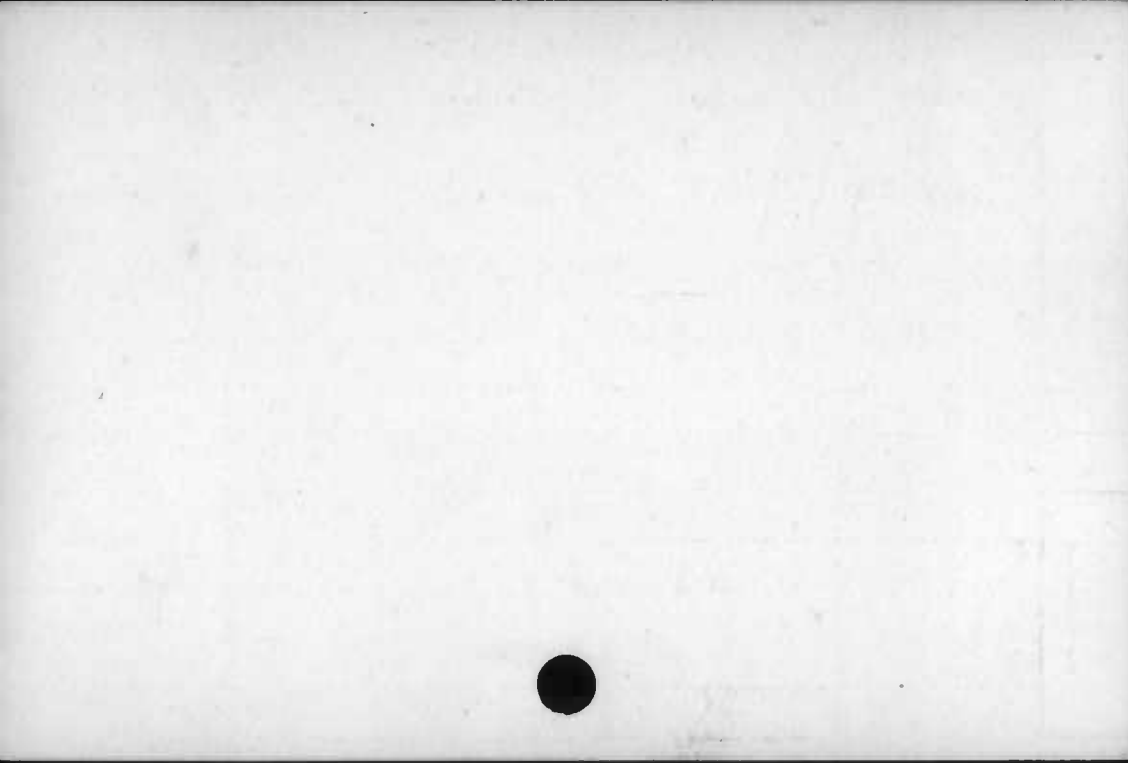
54

PHYSICIAN  
OR CORONER

Primary	Pernicious Anaemia	How long	3 yrs
Immediate	Acute Indigestion &	How long	12 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr H. M. Lane	
		Address Hrostburg Md	
Accident or Suicide?			



Name in Full		Minnie K Staughton				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Twn Mt Sarag		County Allegany		MARYLAND
	Date of death		1909	Jan	30	Age	32
	Sex		Female		Color or Race		Black
	Occupation		Housewife		Birth-place		W. Va.
	Where Residing if not at place of death						
	Married, Single or Widowed		Married		Name of Wife or Husband Henry Staughton		
	Father's Name		Henry Tross		Father's Birthplace Va		
	Mother's Maiden Name		Archie Jones		Mother's Birthplace W Va		
Name of person giving information		Henry Staughton		How related to deceased Husband			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary		Opium & Morphine habit		How long several years		
	Immediate		Chronic Entailment		How long 3 months		
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician F. Alan E. Murray		
					Address Mt Sarag		
					W. Va.		
Accident or Suicide?							



Name  
in  
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Amy Twigg*  
Town

Died at

*Burrhead*

County

*Alleg.*

MARYLAND

Date

of death 190

Month

*Jan.*

Day

*25*

Age

*46*

Months

Days

Sex

*Female*

Color or  
Race

*White*

Birth-  
place

*Pa*

Occupation

*Housekeeper*

Where Residing if not  
at place of death

*Allegheny Hospital*

Married, Single  
or Widowed

*Married*

Name of Wife or  
Husband

*Jacob Twigg*

Father's  
Name

*John Burkett*

Father's  
Birthplace

*Pa*

Mother's  
Maiden Name

*Don't Know*

Mother's  
Birthplace

*D.R.*

Name of person giving  
Information

*Jacob Twigg*

How related  
to deceased

*Husband*

**108**

PHYSICIAN  
OR CORONER

CAUSES OF DEATH

Primary

*Large umbilical hernia - Incarcerated  
Abdominal section*

How long

*4 days*

Immediate

*Suppression of urine*

How long

*36 hrs*

Are the name, age, sex, color, data  
and place correctly given above?

**1008 5124**

Signature of  
Physician

*E. B. Delaybrook M.D.*

Address

*Cumtland*

Accident or Suicida

*blacks 0012*

Bedford Pa



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Alois Earl Twigg*

Town *Cumberland* County *allergany* MARYLAND

Died at *Cumberland*

Date of death 1909 Month *1* Day *10* Age *6* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Cumberland*

Occupation *-* Where Residing if not at place of death *Cumberland*

Married, Single or Widowed *Single* Name of Wife or Husband *-*

Father's Name *Peter Twigg* Father's Birthplace *md*

Mother's Maiden Name *Sara E. Robinson* Mother's Birthplace *md*

Name of person giving Information *Peter Twigg* How related to deceased *Father*

## CAUSES OF DEATH

93

PHYSICIAN  
OR CORONER

Primary *Typhoid* How long *10 days*

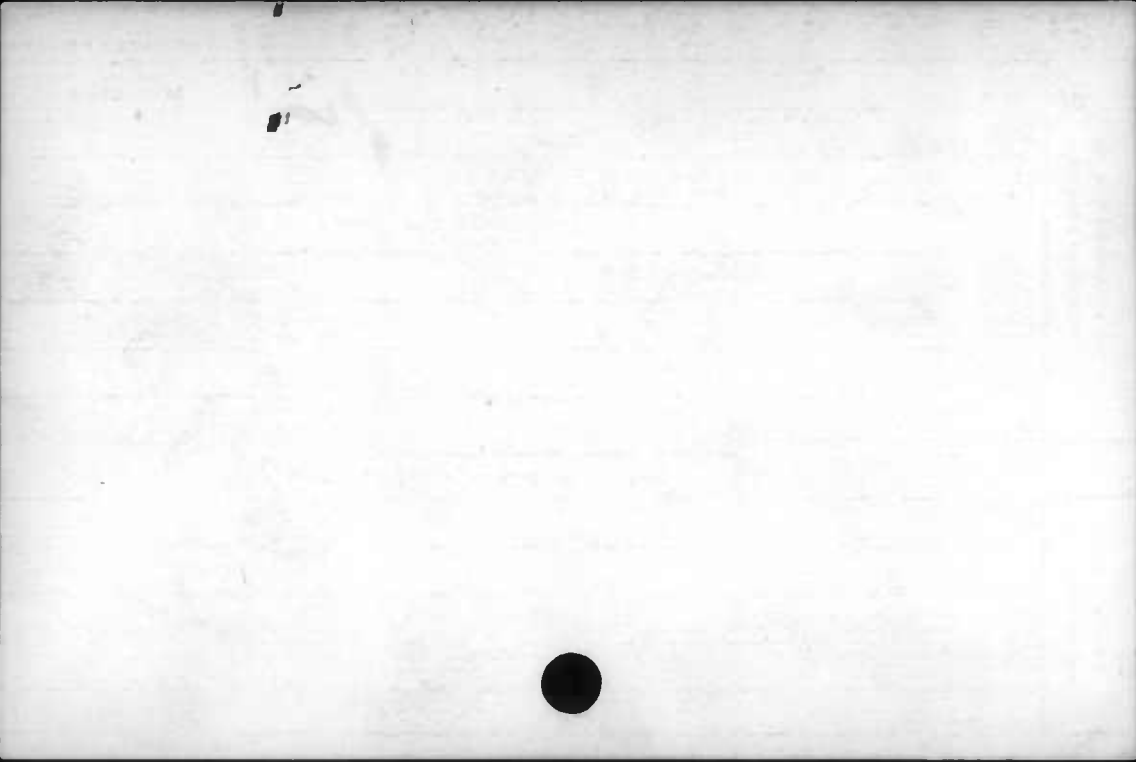
Immediate *Exhaustion* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *H. F. Twigg*

Address *Cumberland, Md.*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

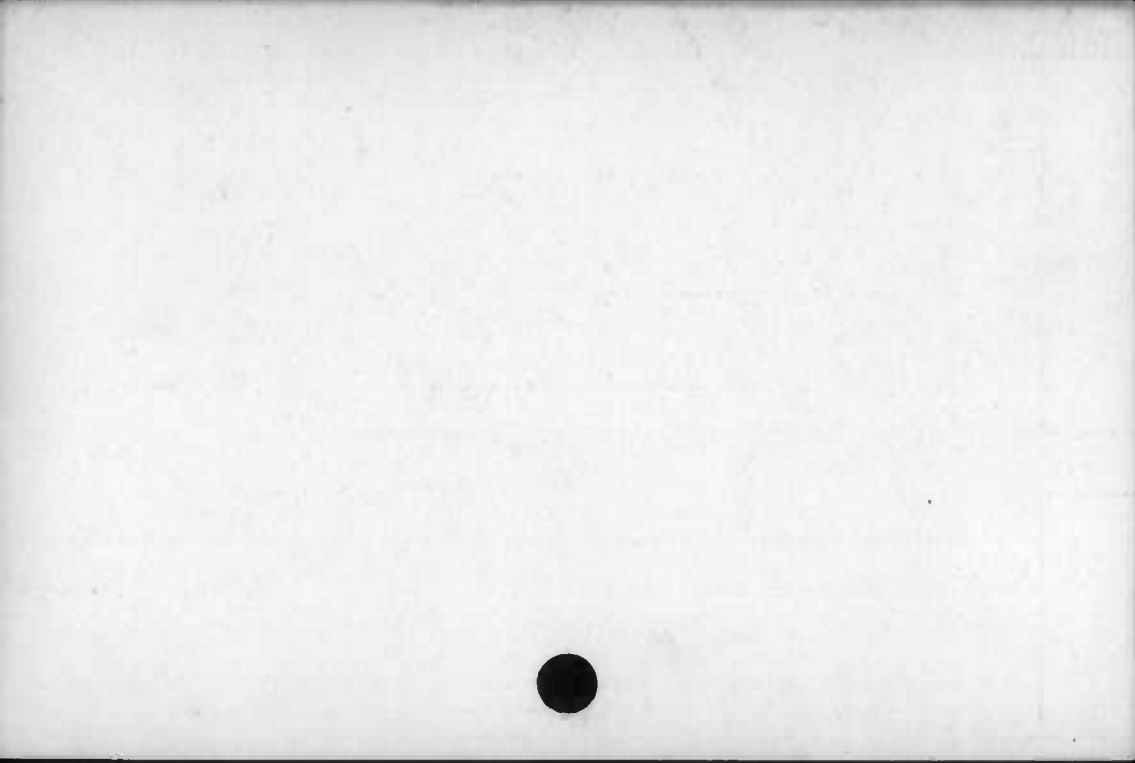
Died at <i>Int Sarag</i>		Town <i>Allegany</i>		County		MARYLAND	
Date of death	1909	Month	Jan	Day	15	Age	Years <i>—</i> Months <i>2</i> Days <i>—</i>
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Int Sarag Md</i>
Occupation	<i>—</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>				
Father's Name			<i>Clinton White</i>			Father's Birthplace <i>Wellington Va</i>	
Mother's Maiden Name			<i>Ann Barth</i>			Mother's Birthplace <i>Int Sarag Md</i>	
Name of person giving information			<i>Clinton White</i>			How related to deceased <i>Father</i>	

## CAUSES OF DEATH

91

PHYSICIAN  
OR CORONER

Primary	<i>Acute Bronchopneumonia</i>	How long	<i>2 hours</i>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>F. Alan G. Murray Md</i>	
		Address <i>Int Sarag</i>	
Accident or Suicide?		<i>—</i>	



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Theodore Valentine

Town

County

Died at near Cumberland

Allegheny

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1907

January

9

Age

80

-

9

Sex

male

Color or  
Race

White

Birth-  
place

Md

Occupation

Farmer

Where Residing if not  
at place of death

-

Married, Single  
or Widowed

Widower

Name of Wife or  
Husband

Mary Wolf

Father's  
Name

Solomon Valentine

Father's  
Birthplace

Md

Mother's  
Maiden Name

Do not know

Mother's  
Birthplace

Md

Name of person giving  
Information

Florence Valentine

How related  
to deceased

Son

## CAUSES OF DEATH

92

Primary

Broncho-Pneumonia

How long

one week

Immediate

Emphysema

How long

one day

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

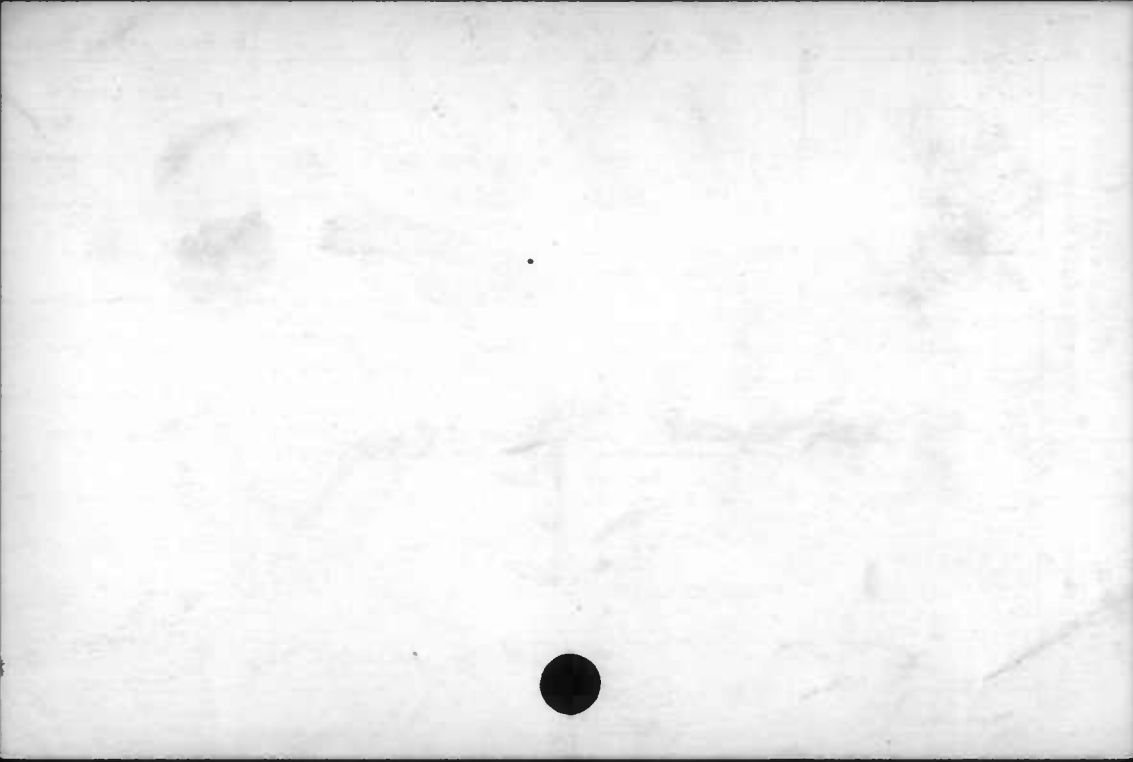
J. H. Lockman

Address

Cumberland Md

PHYSICIAN  
OR CORONER

Accident or Suicide



Name  
in  
Full

Edward Weisenberg

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIENDDied at Lumberton Allegany MARYLANDDate of death 1909 May 25 Age — Months 14 DaysSex Male Color or Race White Birth-place CrutchedOccupation none Where Residing if not at place of death —Married, Single or Widowed Single Name of Wife or Husband —Father's Name J. B. Weisenberg Father's Birthplace Hancock MdMother's Maiden Name Clara J. True Mother's Birthplace PaName of person giving Information J. S. Weisenberg How related to deceased Father

## CAUSES OF DEATH

Primary Bacterial pneumonia How long 2 weeksImmediate asphyxia How long 2 hoursAre the name, age, sex, color, date and place correctly given above? YesSignature of Physician William R. Ford MDAddress Dr Ford

Accident or Suicide

PHYSICIAN  
OR CORONER

Geo. L. Carder, M.D.,  
Secretary Board of Health.

Cumberland  
Md.

---

2 31 Deaths  
Jan! - Report

---

Quincy



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

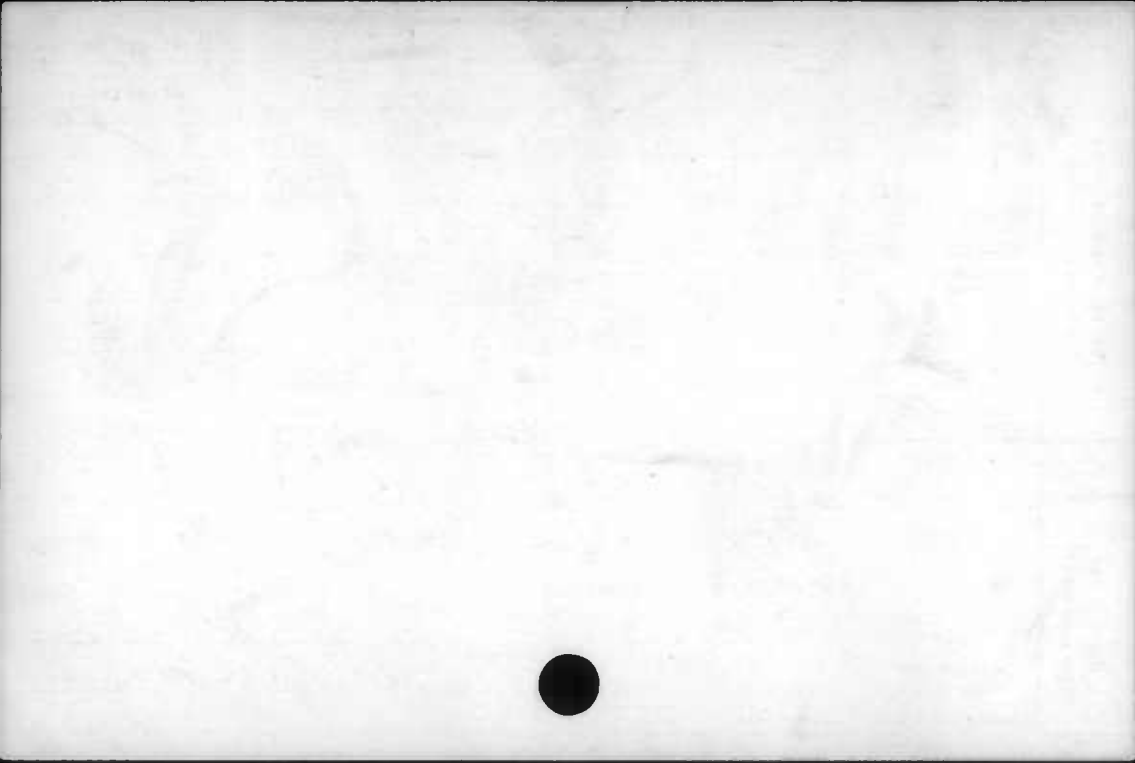
Name in Full <i>Thompson Wickard</i>		Town <i>Cumberland</i>		County <i>Allegany</i>		State <i>MARYLAND</i>	
Died at <i>Cumberland</i>		Month <i>Jan</i>		Day <i>4</i>		Year <i>1909</i>	
Date of death <i>1909 Jan 4</i>		Age <i>60</i>		Months <i>-</i>		Days <i>-</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Cumberland</i>			
Occupation <i>Printer</i>		Where Residing if not at place of death <i>-</i>					
Married, Single or Widowed <i>Widower</i>		Name of Wife or Husband <i>Mary A Wickard</i>					
Father's Name <i>Jacob Wickard</i>		Father's Birthplace <i>Cumuld</i>					
Mother's Maiden Name <i>Jane Morrell Leathan</i>		Mother's Birthplace <i>Cumuld</i>					
Name of person giving Information <i>Wm Wickard</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary Cause <i>Pulmonary Tuberculosis</i>		How long <i>3 months</i>	
Immediate Cause <i>Exhaustion</i>		How long <i>3 days</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yrs</i>		Signature of Physician <i>T. B. McDonald</i>	
Address <i>Steu</i>		Address <i>Cumuld, Box 100, Md.</i>	
Accident or Suicide <i>-</i>			



Name  
in  
Full

Edna Virginia Willison

## CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Cumberland

Alligany

Date

of death 1909

Month

January

Day

25

Age

Years

—

Month

—

Days

14

Sex

Female

Color or  
Race

White

Birth-  
place

Cumberland

Occupation

none

Where Residing if not  
at place of death

—

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

Naurice Willison

Father's  
Birthplace

Flintstone Md

Mother's  
Maiden Name

Hilda Gorman

Mother's  
Birthplace

Cumberd

Name of person giving  
Information

Hilda Willison

How related  
to deceased

mother

## CAUSES OF DEATH

150

Primary

Congenital defect of Brain

How long

2 weeks

Immediate

Congenital malformation

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Thos. H. Fowles

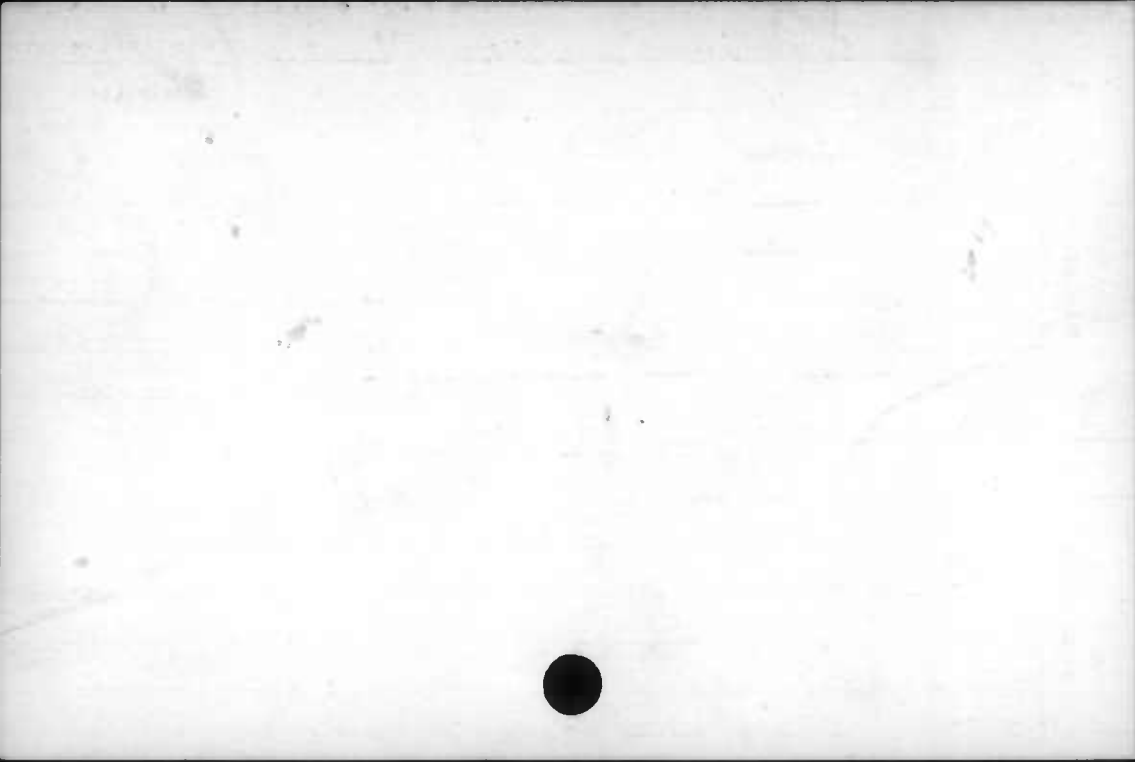
Address

Cumberland

Lester

Accident or Suicide

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name *John W. Wilson* Town *Lonaconing* County *Alligany* MARYLAND

Died at *Lonaconing* Date of death 190 *9* Month *Jan* Day *9* Age *73* Years Months Days

Sex *Male* Color or Race *White* Birth-place *Scotland*

Occupation *Miner* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Margaret McFargie*

Father's Name *James Wilson* Father's Birthplace *Scotland*

Mother's Maiden Name *Margaret W. Woods* Mother's Birthplace *"*

Name of person giving Information *Mrs. Jas. McFargie* How related to deceased *Daughter*

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

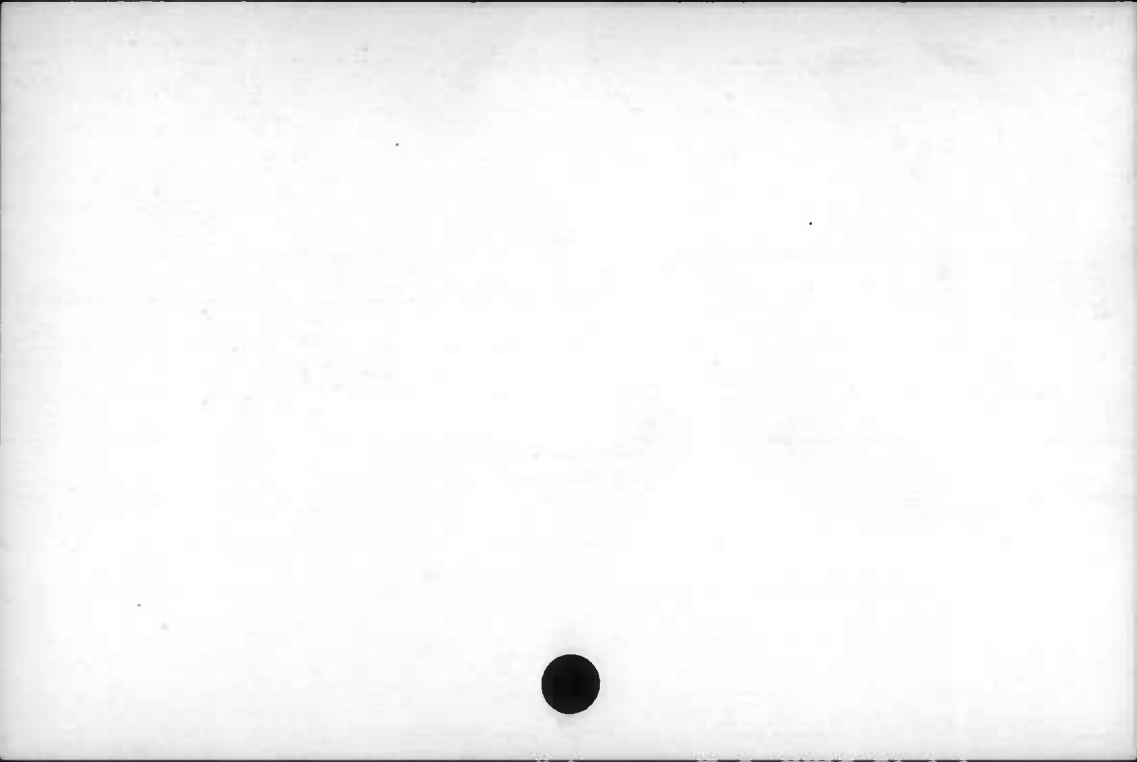
Primary *Chronic Hemiparesis & Simile debility* How long *Two years*

Immediate *Hemiplegia* How long *About six weeks*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *W. D. Skilling M.D.* Address *Lonaconing*

Accident or Suicide *No*



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1909 Jan 24				24	38	8	5-
Sex	Female		Color or Race	White		Birth-place	Germany
Occupation	Housewife		Where Residing if not at place of death				
Married, Single or Widowed	Married		Name of Wife or Husband	Melchior Goringman			
Father's Name	Henry		Race	German			
Mother's Maiden Name	Anton		Father's Birthplace	Germany			
Name of person giving information	Anna Goringman		Mother's Birthplace	Germany			
			How related to deceased	Son			

## CAUSES OF DEATH

40

PHYSICIAN  
OR CORONER

Primary	Carcinoma of stomach		How long	10 yrs
Immediate	Lymphoma		How long	Short time
Are the name, age, sex, color, date and place correctly given above?	yes		Signature of Physician	O. C. Coker
	no		Address	Frostburg, Md.
Accident or Suicide?	no			

